

NORTHAMPTONSHIRE COUNTY COUNCIL



# Annual Report

OF THE

MEDICAL OFFICER  
OF HEALTH

FOR THE YEAR

1961









RELAXATION CLASS AND GROUP TEACHING (see page 46)



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# CONTENTS

	<i>Pages</i>		<i>Pages</i>
Adulteration of Food, etc. ... ..	33	Motorway ... ..	24
Ambulance Service ... ..	24	National Health Service Act, 1946—	
Antenatal Services ... ..	3, 12, 46	Sect. 22 (Care of Mothers and Young	
Area ... ..	7	Children) ... ..	9
B.C.G. Vaccination ... ..	43	Sect. 23 (Midwifery) ... ..	20
Births ... ..	3, 7, 8, 9, 57, 58, 65	Sect. 24 (Health Visiting) ... ..	21
Blood Tests ... ..	13	Sect. 25 (Home Nursing) ... ..	23
Cancer ... ..	3, 7	Sect. 26 (Vaccination and Immunisation)	38
Census, 1961 ... ..	7	Sect. 27 (Ambulance Service) ... ..	24
Child Guidance ... ..	16	Sect. 28 (Prevention of Illness, Care and	
Chiropody Service ... ..	27	After-Care) ... ..	26
Clinics and Centres ... ..	14, 15	Sect. 29 (Home Help) ... ..	27
Comparability Factors ... ..	8, 57, 58	Neonatal Mortality ... ..	7, 8, 57, 58, 61
Convalescent Treatment ... ..	27	Nurseries and Child-Minders Regulations Act,	
Corby Maternity Unit... ..	13	1948 ... ..	19
Deafness—Ascertainment of ... ..	17	Nurses' Training Scheme ... ..	24
Deaths ... ..	3, 7, 57, 58, 59, 60, 64, 65	Nursing in the Home ... ..	23
Dental Treatment ... ..	16	Occupational Therapy ... ..	45, 54
Diphtheria Immunisation ... ..	38	Orthopædics ... ..	16
Family Work ... ..	22	Part II Training—Midwives ... ..	21
Food—Inspection and Supervision of ...	33	Perinatal Mortality ... ..	7, 8, 61
Food and Drugs ... ..	33	Pethidine ... ..	21
Food Poisoning ... ..	37	Poliomyelitis Vaccination ... ..	39
Gas and Air Analgesia ... ..	21	Populations ... ..	7, 57, 58, 64, 65
Health Education ... ..	46	Prefatory Letter ... ..	3
Health Services—General Provision of ...	9	Premature Infants ... ..	9
Health Visiting ... ..	21	Prevention of Break-up of Families ...	19
Home Helps ... ..	27	Prevention of Illness ... ..	26
Home Nursing ... ..	23	Problem Families ... ..	22
Home Safety ... ..	4	Relaxation Classes ... ..	13, 46, Frontispiece
Houses and Garages ... ..	21	Rural Water Supplies and Sewerage Acts ...	30
Housing... ..	5, 32	Rushden Health Clinic ... ..	19
Illegitimate Children—Care of ... ..	17	Sanitary Circumstances ... ..	5, 30
Infant Mortality ... ..	3, 8, 19, 57, 58, 61	Smoking ... ..	3
Infectious and Other Diseases—Prevalence of		Speech Therapy ... ..	16
and Control over ... ..	37, 62, 63	Staff ... ..	9
Loan Cupboards ... ..	26	Staff Meetings ... ..	24
Lung Cancer ... ..	3	Staff Training ... ..	47, 48
Mantoux Tests ... ..	42	Stillbirths ... ..	7, 8, 9, 57, 58, 65
Mass Radiography ... ..	41	Training Centres ... ..	50
Maternal Mortality ... ..	7, 8, 12	Trilene ... ..	21
Maternity and Child Welfare... ..	9	Tuberculosis ... ..	5, 40, 64
Maternity Accommodation ... ..	13	Unmarried Mothers, Institutional Provision	
Maternity and Nursing Homes ... ..	13	for ... ..	14
Meals on Wheels ... ..	28	Vaccination ... ..	39
Mental Health Act, 1959 ... ..	49	Venereal Diseases ... ..	45
Mental Health Services ... ..	4, 22, 48	Vision, Defective ... ..	17
Midwifery and Maternity Services ... ..	20	Visual Aids ... ..	47
Milk—Examination of ... ..	34	Water Supply ... ..	30
Milk in schools ... ..	34	Welfare Foods—Distribution of ... ..	19
Mobile Clinic ... ..	4	Whooping Cough Vaccination ... ..	38
Mothers' Clubs ... ..	14	Yellow Fever Vaccination ... ..	39





## NORTHAMPTONSHIRE COUNTY COUNCIL.

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May, 1962.

*To the Chairman and Members of the Northamptonshire County Council.*

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Sixty-fifth Annual Report of the County Medical Officer of Health.

The population of the county increased from 292,690 last year to 295,850. The birth rate again rose and the rate per thousand population, namely 18.04, is the highest for fourteen years. The death rate for all ages showed a small rise from 10.88 to 11.18 ; further rises in this rate are to be expected as the proportion of old people in the population increases. The infant mortality rate, it is pleasing to record, fell to 17.61, the lowest ever. This rate, which has always been regarded as a reasonably accurate index of the social and medical services of the community, has been halved within the last twenty years. Deaths from tuberculosis numbered 24, an increase of eight over the previous year. Small variations in the numbers from year to year are to be expected. Deaths are, for the most part, among elderly patients with long-standing disease who have failed to respond to modern treatment, and it is a matter of chance, to some degree, how many of these patients succumb to the disease in any one year. The number of deaths from lung cancer rose from 110 to 114 ; the association between smoking and lung cancer is accepted by the most authoritative medical bodies throughout the world, and the increase in deaths from this disease is in sharp and tragic contrast to the saving of life from tuberculosis. Another modern danger is encountered on the road, and in the county 58 persons were killed as a result of motor vehicle accidents. Apart from lung cancer, accidents and coronary thrombosis, it can be said that, as far as one can judge from the mortality returns, the health of the county has been satisfactory. To give an accurate assessment, however, one would require morbidity figures showing the extent to which the county population suffered from illness during the year. From the figures received from the Ministry of Pensions and National Insurance, however, the year was free of influenza.

One of the main events of the year was the closure of the antenatal clinics. For over twenty years the County Council had organised the clinics which were attended by its own staff, who exercised medical and obstetrical supervision. Considerable attention had always been given to mothercraft, health education and, in recent years, to relaxation. The attendances at the clinics had risen steadily from 1947 to 1952, but since then there had been a gradual decline because, under the National Health Service Act, an expectant mother could receive maternity medical services from her own doctor. Despite the decline, however, in 1959 the clinics which were held in eight centres, and in thirty sessions per month, were attended by 1,249 women for the first time, and the total attendances were 7,071. The well-known criticism of the Local Authority antenatal clinics was that the medical officers did not attend the women at their confinements, so that their experience was one-sided. A local professional committee, which had been set up following the receipt of the Ministry of Health circular in 1956, considered that the medical and obstetrical supervision provided at the county antenatal clinics should be discontinued, and that this work would be undertaken by the family doctors. This committee received an assurance from all the doctors in the county that they were prepared to accept full responsibility for antenatal supervision, and accordingly the Health Committee decided that the medical and obstetrical work at the clinics should be discontinued. An energetic drive was made to develop health education, mothercraft and relaxation classes, which throughout the year were attended by over 1,800 mothers who were present at some 6,000 sessions of this kind in 39 centres throughout the county.

The project of building a health clinic at Rushden advanced when the County Council accepted a tender of £27,303, which included the cost of the building and the site.

Under the Home Safety Act, 1961, county district councils are now empowered to promote safety in the home by giving information and advice, and to contribute to national and other organisations set up to prevent accidents. A Home Office circular emphasised that in administrative counties the powers conferred on the county district councils were not in any way intended to replace or detract from the work done by the counties. The purpose of the Act was to give statutory recognition to the fact that district councils with their intimate knowledge of local organisations can also do good work in this field, particularly if their efforts are closely co-ordinated with those of the county council. After consulting the district medical officers, I advised that a conference of representatives of the county district councils and voluntary organisations should be held at the College of Adult Education to consider the best means of reducing the toll caused by accidents in the home. Meantime, however, every opportunity is taken by health visitors, district nurses and the health education organiser to advise mothers on the prevention of home accidents. In 1961, 79 adults and 10 children lost their lives in accidents other than motor vehicle accidents.

For many years difficulty has been experienced in conducting child welfare centres in unsuitable premises. In some villages the premises used, the only ones available, have no separate room for the doctor, or if there is a room, it is small and inconvenient. It is not unknown for the doctor to consult in a room which has also to be used as a kitchen. In other places, due to caretaking difficulties, the standard of cleanliness is regrettably low. To overcome these difficulties it was decided that, following the example of other counties, a mobile clinic should be provided. In addition the clinic would be able to serve the smaller villages where the number of mothers and children does not at present justify the renting of premises for a child welfare centre. The Committee included in their estimates for 1962/63 a sufficient sum to purchase a mobile clinic and towing vehicle. The cost will be shared with the Education Committee, because in many village schools considerable disruption of work is caused by the visit of the doctor and nurse, who may have to use one of the two classrooms. The provision of a mobile clinic will undoubtedly result in a better service.

The Health Committee agreed to the purchase of infant resuscitation apparatus for use by the midwives. Lectures were given to the midwives on the use of this apparatus by one of the consultant obstetricians who has made a special study of the subject. In all, 34 resuscitators were purchased and distributed to midwives who had been instructed in their use; a further 46 resuscitators were ordered. It is hoped that, with the aid of the apparatus, infants who have difficulty in breathing at birth may be relieved, and so be saved from possible brain damage caused by the temporary lack of oxygen to the vital centres.

To cope with the increased work resulting from the growth of the population in the county, the following additional appointments were authorised: a health visitor to work in Corby, another health visitor for duty in the Moulton and Weston Favell area, and a district nurse-midwife for Daventry.

In the mental health field, the year was one of activity. The County Council approved of the proposal to build a training centre at Kettering at an estimated cost of £60,200. This centre will include training facilities for 45 juniors, 65 adults, and a boarding house with 15 places. At the end of the year the total number of children and adults attending training centres was 180. To enable the medical staff to undertake the considerable increase in work in the mental health section, the County Council approved of the appointment of a senior assistant medical officer.

The County Council also agreed to the recruitment of a second occupational therapist to meet the rapidly developing demands for this service both for mentally disordered patients and for certain groups of the physically handicapped.

As in previous years, much of the time of the staff had to be spent on vaccination and immunisation. To complete the Northants. Polio Week of the previous year, third injections had to be carried out in the early months of 1961. By means of a special effort, 22,000 school children received their fourth doses of poliomyelitis vaccine during the summer term.



Dr. G. B. Lord, who had worked in the county as tuberculosis officer from 1929 and was later consultant chest physician at Rushden Hospital, retired in November. His services both in prevention and treatment on behalf of tuberculous patients were outstanding, and the tributes which were paid to him on his retirement, by his professional colleagues and members of the voluntary committees, were well deserved.

This is the last report I shall be writing. Over the years there have been outstanding developments in the personal health services designed to safeguard and improve the health of the community. In 1937, when I was appointed, the staff numbered 60, and now the total is 360. There has also been a most welcome improvement in the environmental services, in the provision of piped water supplies and of sewage disposal facilities. Soon only the smallest hamlets in the county will not have modern sanitary services. In rural housing also there has been great activity, and the total number of houses erected by local authorities and by private enterprise in rural districts since the war has been 13,360.

I cannot refrain from commenting on the changed attitude of the rural district councils towards capital expenditure for housing or sanitary services. Before the war there was, to say the least of it, reluctance on the part of some of the councils to undertake their duties under the Housing Acts, or to provide water or sewage disposal facilities. Indeed, but for the war, one rural district council might have been reported to the County Council for failing to discharge its housing duties. Since the end of the war there has been a complete transformation in the attitude of the county district authorities; they could all be described as queueing up at the various ministries for permission to spend more money. If their allocated programme for housing is less than they consider necessary, they are likely to send a deputation to the Ministry to ask for more houses. An analysis of the reasons responsible for this change would provide an interesting sociological study. Nevertheless, despite the enthusiastic programmes of the rural district councils to condemn slum property and to build new houses, I am still disappointed in the course of my visits to see so many people still living in old houses with few modern facilities. The duties of the first medical officers of health were concerned with improving the environment of the population. Their successors are, rightly, mainly concerned with the personal health services, but the need to maintain a sense of balance and proportion must not be overlooked. Poor housing conditions can still be responsible for a degree of physical or mental illness which, while it may be difficult to measure, is still a real factor to be dealt with.

I would like to express to the Chairman and Members of the Health Committee my appreciation of their support and confidence, and I would also like to thank all the members of my staff for their co-operation and for the excellent services which they have rendered.

I have the honour to be,

Your obedient Servant,

CHARLES MILLIKEN SMITH,

*County Medical Officer of Health.*



## SECTION A.

## VITAL STATISTICS

Area of the Administrative County .....	578,947 acres
Population (Census 1961) .....	292,771
„ 1961, Mid-year estimate .....	295,850
Structurally separate dwellings occupied (Census 1961) .....	96,552
Private households (Census 1961) .....	93,649
Rateable Value (April 1st, 1961) .....	£3,618,442
Actual product of a penny rate (1960-61) .....	£14,609

	NORTHAMPTONSHIRE			ENGLAND & WALES
	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Live births.....	2,698	2,639	5,337	
Live birth rate per 1,000 population.....				18.04
Illegitimate live births per cent of total live births .....				5.09
Stillbirths .....	50	38	88	
Stillbirth rate per 1,000 live and stillbirths ...				16.22
Total live and stillbirths .....	2,748	2,677	5,425	
Infant deaths.....	44	50	94	
Infant mortality rate :				
Total (per 1,000 live births) .....				17.61
Legitimate (per 1,000 legitimate live births) .....				17.57
Illegitimate (per 1,000 illegitimate live births) .....				18.38
Neonatal (first four weeks) mortality rate per 1,000 live births.....				12.55
Early Neonatal (under 1 week) mortality rate per 1,000 live births .....				11.24
Perinatal (stillbirths and deaths under 1 week combined) mortality rate per 1,000 live and stillbirths .....				27.28
Maternal deaths (including abortion) .....				3
Maternal mortality rate per 1,000 live and stillbirths .....				0.55

**Area.** There has been no change in the area of Administrative County, which remains at 578,947 acres.

**Population.** The Registrar General estimated the resident mid-year population for 1961 to have been 295,850 as compared with 292,690 in 1960. The estimated populations for the Urban and Rural areas were 163,300 and 132,550 persons respectively. The natural increase in population, i.e., the excess of births over deaths, totalled 2,027 persons. The estimated increase in population was 3,160 and is largely accounted for by the continuous growth of Corby, where the population rose from 34,700 in 1960 to 36,890 this year.

**Deaths.** The total number of deaths assigned to the County by the Registrar General after adjusting for outward and inward transferable deaths, was 3,310 as compared with 3,185 in 1960. The crude death-rate based on the mid-year estimated population was 11.18 as compared with 10.88 in 1960. The five chief causes of death accounted for 78.3% of the total deaths and are led by heart disease (33.8), cancer (17.6), vascular lesions of the nervous system (12.5), respiratory diseases (9.9), other circulatory diseases (4.5).

Lists of the causes of deaths, classified under the thirty-six headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, as used in England and Wales, are given in Tables I and II (pages 57 to 60), whilst



the history of the rate, together with other vital statistics for 1897-1961 are shown in Table No. VI (page 65). Comparability factors for each Urban and Rural District, Tables Nos. 1(a) and 1(b) (pages 57 to 58) have been provided by the Registrar General for adjusting the local birth and death rates. The comparability factors make allowance for differences in age and sex distribution, and when multiplied by the crude birth and death rates of an area, make them comparable with the rates of other areas similarly adjusted. For the last five years the death rate area comparability factors have been adjusted specifically to take account of the presence of any residential institutions in each area.

**Births.** The number of live births assigned to the County was 5,337 (comprising 2,698 males and 2,639 females) as compared with 5,183 in 1960, thus giving a birth rate of 18.04 per 1,000 of the population as compared with 17.4 for England and Wales.

**Stillbirths.** The number of stillbirths registered was 88 compared with 86 in the previous year. The rate per 1,000 total births was 16.22 as compared with 16.32 for 1960, and with 18.7 for England and Wales.

**Infant Mortality.** The number of infants who died before attaining their first birthday was 94 (44 males and 50 females) as compared with 117 in 1960. Of these 94 there were 5 illegitimate deaths. The rate per 1,000 related live births was thus 17.61 compared with 21.4 for England and Wales. The number of deaths and the rates for 1897-1961 are shown in Table VI (page 65), and an analysis of the apparent cause is given in Table II(a) page (61).

**Neonatal Mortality.** This sub-division of the infant mortality includes all infant deaths within twenty-eight days of independent existence and of the total infant deaths, 67 were classed as neonatal. The rate per 1,000 live births was 12.55 compared with 15.24 for 1960 and with 15.5 for England and Wales.

**Early Neonatal Mortality.** This is a further sub-division of infant mortality relating to deaths under one week. There were 60 deaths representing 11.24 per 1,000 live births.

The main causal agent in neonatal deaths was prematurity.

**Perinatal Mortality.** There was a total of 148 cases (i.e., 88 stillbirths and 60 deaths under one week) in this category. The mortality rate was 27.28 per 1,000 live and stillbirths.

**Maternal Mortality.** Three women died from causes associated with childbirth as compared with two for the previous year. The maternal mortality rates per 1,000 live and stillbirths during the last decade were as follows :

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Administrative County ... (Number of Deaths)	0.24 (1)	0.69 (3)	0.45 (2)	0.69 (3)	0.21 (1)	0.20 (1)	0.61 (3)	0.20 (1)	0.37 (2)	0.55 (3)
England and Wales	0.72	0.76	0.69	0.64	0.56	0.47	0.43	0.38	0.39	0.33

## SECTION B.

## General Provision of Health Services

## STAFF

## Senior Assistant County Medical Officer of Health.

Dr. J. V. Dyer, formerly Assistant County Medical Officer and a District Medical Officer of Health, was appointed to this newly-created post on July 1st.

## CARE OF MOTHERS AND YOUNG CHILDREN

## (SECTION 22)

## A. Care of Mothers.

## (i) NOTIFICATION OF BIRTHS.

The number of births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications was :

	<i>Live Births</i>	<i>Stillbirths</i>	<i>Totals</i>
Domiciliary .....	1,746	8	1,754
Institutional .....	3,563	55	3,618
	<hr/>	<hr/>	<hr/>
	5,309	63	5,372
	<hr/>	<hr/>	<hr/>

Of the 1,754 domiciliary births, 1,736 were notified by midwives and 18 by doctors or parents.

Details of all notifications are transmitted promptly to the Health Visitors, who begin visiting after the tenth day.

## (ii) PREMATURE INFANTS.

The following is an analysis of premature live infants and stillbirths (i.e., 5½ lbs. or less at birth, irrespective of the period of gestation).

1. *Number of Premature Live Births notified (as adjusted by transferred notifications).*

(a) In hospital .....	218
(b) At home .....	35
(c) In private nursing homes .....	2
	<hr/>
Total .....	255
	<hr/>

2. *Number of Premature Stillbirths notified (as adjusted by transferred notifications).*

(a) In hospital .....	32
(b) At home .....	4
(c) In private nursing homes .....	—
	<hr/>
Total .....	36
	<hr/>

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS		
	* Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day		
	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days	Total	Died with- in 24 hrs. of birth	Survived 28 days
(a) 3 lb. 4 ozs. or less ... (1,500 gms. or less) ...	36	4	26	—	—	—	2	—	2	1	—	1	—	16	—
(b) Over 3 lb. 4 ozs. up to and including 4 lb. 6 ozs. ... (1,500-2,000 gms.) ...	46	—	46	—	—	—	1	—	1	—	—	—	—	8	3
(c) Over 4 lb. 6 ozs. up to and including 4lb. 15 ozs. ... (2,000-2,250 gms.) ...	50	2	48	6	—	6	—	—	—	1	—	1	—	4	—
(d) Over 4 lb. 15 ozs. up to and including 5 lb. 8 ozs. ... (2,250-2,500 gms.) ...	86	—	86	26	1	24	—	—	—	—	—	—	—	4	1
Totals ...	218	6	206	32	1	30	3	—	3	2	—	2	—	32	4

\* The group under this heading includes cases born in one hospital and transferred to another.



The following information has been abstracted from previous reports regarding premature infants nursed entirely at home in the County :

**INFANTS NURSED ENTIRELY AT HOME**

Weight (lb)	1948			Weight (lb oz)	1955		
	Total	Survived	% Survival		Total	Survived	% Survival
Under 5½ lb	79	58	73.4	Less than 3¼ lb	1	—	—
Weight (lb)	1949			3¼ lb-4 lb 6 oz	2	2	100.0
	Total	Survived	% Survival	4 lb 7 oz-4 lb 15 oz	11	11	100.0
				5 lb-5½ lb	46	45	97.8
				Total	60	58	96.7
				1956			
Less than 3 lb	8	—	—	Weight (lb oz)	Total	Survived	% Survival
3 lb-4 lb	9	3	33.3				
4 lb-5½ lb	50	47	94.0				
Total	67	50	77.4				
Weight (lb)	1950			Less than 3¼ lb	3	1	33.3
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	5	5	100.0
				4 lb 7 oz-4 lb 15 oz	6	5	83.3
				5 lb-5½ lb	39	36	92.3
				Less than 3 lb	4	—	—
3 lb-4 lb	4	2	50.0	Weight (lb oz)	1957		
4 lb-5½ lb	52	48	92.3		Total	Survived	% Survival
Total	60	50	83.3				
Weight (lb oz)	1951						
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	2	2	100.0
				4 lb 7 oz-4 lb 15 oz	13	12	92.3
				5 lb-5½ lb	39	39	100.0
				Less than 2 lb 3 oz	1	—	—
2 lb 3 oz-3¼ lb	3	2	66.6	Weight (lb oz)	1958		
3¼ lb-4 lb 6 oz	7	5	71.4		Total	Survived	% Survival
4 lb 7 oz-4 lb 15 oz	10	9	90.0				
5 lb-5½ lb	36	35	97.2				
Total	57	51	87.7				
Weight (lb oz)	1952						
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	5	5	100.0
				4 lb 7 oz-4 lb 15 oz	5	5	100.0
				5 lb-5½ lb	36	36	100.0
				Less than 2 lb 3 oz	1	—	—
2 lb 3 oz-3¼ lb	1	1	100.0	Weight (lb oz)	1959		
3¼ lb-4 lb 6 oz	7	6	85.7		Total	Survived	% Survival
4 lb 7 oz-4 lb 15 oz	7	6	85.7				
5 lb-5½ lb	43	39	90.6				
Total	59	52	88.1				
Weight (lb oz)	1953						
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	1	1	100.0
				4 lb 7 oz-4 lb 15 oz	5	5	100.0
				5 lb-5½ lb	43	41	95.3
				Less than 3¼ lb	4	—	—
3¼ lb-4 lb 6 oz	9	7	77.7	Weight (lb oz)	1960		
4 lb 7 oz-4 lb 15 oz	5	4	80.0		Total	Survived	% Survival
5 lb-5½ lb	18	18	100.0				
Total	36	29	80.5				
Weight (lb oz)	1954						
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	6	5	83.3
				4 lb 7 oz-4 lb 15 oz	3	3	100.0
				5 lb-5½ lb	37	36	97.3
				Less than 3¼ lb	2	—	—
3¼ lb-4 lb 6 oz	3	1	33.3	Weight (lb oz)	1961		
4 lb 7 oz-4 lb 15 oz	10	10	100.0		Total	Survived	% Survival
5 lb-5½ lb	33	31	93.9				
Total	48	42	87.5				
Weight (lb oz)	1955						
	Total	Survived	% Survival	3¼ lb-4 lb 6 oz	—	—	—
				4 lb 7 oz-4 lb 15 oz	6	6	100.0
				5 lb-5½ lb	26	24	92.3
				Total	32	30	93.7

It will be seen that the total survival rate in the County has been over 88% for the last seven years and in 1961 was 93.7%. This is considered to be a good record and reflects the special interest which the Midwives have taken in the care of premature babies at home.

*Transport to Barratt Maternity Home.*

In March, 1957, arrangements were made with Mr. R. Watson, Consultant Obstetrician and Gynæcologist, whereby on receipt of a telephone message from the District Nurse an ambulance will call at the Barratt Maternity Home to collect the appropriate equipment and then proceed with a nurse to the home of any premature baby needing admission to the special unit.

Fifteen babies were admitted in this manner.

(iii) OPTHALMIA NEONATORUM AND PUERPERAL PYREXIA.

Two cases of Ophthalmia Neonatorum were notified.

Fourteen cases of Puerperal Pyrexia were notified; 2 were domiciliary confinements and 12 institutional. All cases recovered.

(iv) DEATHS ASCRIBED TO PREGNANCY OR CHILD BIRTH.

The Registrar General reported three maternal deaths.

The causes of death were :

- (a) Air emboli, absorption of air by subinvolved uterus following pregnancy.
- (b) Status epilepticus.
- (c) Acute left ventricular failure, cardiomyopathy, toxæmia of pregnancy.

The first death occurred at home, the others in hospitals outside the County area.

The death rate per thousand live and still births was 0.55.

The rate for England and Wales was 0.33 per thousand live and still births.

(v) ANTENATAL CLINICS.

The antenatal clinics were closed at the end of April.

The attendances prior to that date were :

ANTENATAL CLINICS

Clinic	No. of Sessions	Attendances				Average attendances	
		Primary	Subsequent	Post-natal	Total	Per case	Per session
Corby ... ..	17	66	259	5	330	5.0	19.5
Daventry ... ..	8	24	92	3	119	5.0	14.8
Kettering ... ..	33	64	462	11	537	8.4	16.2
Northampton ... ..	41	114	476	13	603	5.3	14.7
Rushden ... ..	4	7	37	5	49	7.0	12.2
Thrapston ... ..	4	12	47	5	64	5.3	16.0
Towcester ... ..	4	3	47	—	50	16.6	12.5
Wellingborough ... ..	8	18	124	8	150	8.3	18.7
Total ... ..	119	308	1544	50	1902	6.2	160

(vi) POSTNATAL ATTENDANCES.

A total of 50 postnatal attendances was made at the antenatal clinics.



## (vii) BLOOD TESTS.

Specimens were examined by the National Blood Transfusion Service at Oxford and the Pathological Department of Kettering and District General Hospital for determination of the Rh factor and haemoglobin estimation.

## (viii) RELAXATION AND PARENTCRAFT CLASSES.

Since the antenatal clinics closed at the end of April, 1,047 relaxation and parentcraft sessions have been held. 1,830 mothers made a total number of 6,068 attendances.

## (ix) MATERNITY ACCOMMODATION.

At the request of the Management Committees the booking of cases on social grounds continued to be carried out by the Department. It is essential that the Local Health Authority should be able to select the cases to be admitted on account of social conditions as their officers are best acquainted with the domestic circumstances of each case. The arrangements between the Health Authority and the Management Committees have worked smoothly.

The numbers of cases booked each month were :

Northampton and District Hospital Management Committee—	
Barratt Maternity Home.....	32-40
Kettering and District Hospital Management Committee—	
St. Mary's Hospital, Kettering .....	30
Corby Maternity Home (as from October) .....	40
Park Hospital, Wellingborough :	
Patients attended by own doctor .....	48
Others (i.e., cases from outside* " area of access ") .....	16
	— 64

\* Women whose family doctors are not on the list of general practitioners authorised to attend their patients in the maternity unit.

Three hundred and seventy-nine cases were referred to the consultants for admission on social grounds to the Barratt Maternity Home.

Two hundred and sixty-nine women were admitted to hospital in labour.

The following table shows the number of women who were confined in Nursing Homes, Maternity Wards and in their own homes.

<i>Where confined</i>	<i>Number of Births</i>	<i>Percentage of Total</i>
Nursing Homes* .....	24	0.45
Maternity Wards*.....	3,594	66.90
At home .....	1,754	32.65

\* Including Nursing Homes and Maternity Wards outside the County Area.

## (x) MATERNITY HOME, CORBY.

The Home was opened in October.

## (xi) MATERNITY AND NURSING HOMES.

The homes on the register at the time of reporting were :

1. " Townsend " Nursing Home, Upper Benefield (*Convalescent or elderly*).
2. " Quarries " Nursing Home, Silverstone (*Tuberculous ambulant or elderly chronic sick*).

The total number of beds provided is 12.

## (xii) MOTHERS' CLUBS.

A new Club was opened at Wellingborough in addition to those already established at Corby (2) and Kettering. The Health Committee allowed the free use of the clinic premises at School Lane, Kettering, Oxford Street, Wellingborough, and Rockingham Road, Corby, for monthly meetings. All clubs were doing well at the end of the year.

## (xiii) CARE OF UNMARRIED MOTHERS.

The County Council guaranteed payment for each approved case admitted to St. Saviour's Diocesan Maternity Home, Northampton, and similar homes. The girls were asked to pay 46/- per week whilst receiving full maternity allowance, the balance being paid by the Health Committee. Any payment from the putative father was deducted from the final account.

Thirty-eight unmarried mothers were admitted under the above arrangements.

The Health Department have maintained close liaison with the Diocesan Family and Social Welfare Council, formerly the Peterborough Diocesan Council of Moral Welfare. The Council was given a grant of £1,200 for work undertaken by them on behalf of the County Council.

## (xiv) BIRTH CONTROL CLINICS.

Thirty-two women attended the Northampton Women's Welfare Association Clinic and 13 women attended the Rugby Family Planning Clinic. A new clinic was opened at Rockingham Road Clinic, Corby, in November. Sessions here and at the Kettering clinic are held twice monthly and are administered by the County Council. At Kettering, there were 23 sessions, and 163 women made a total of 488 attendances. At Corby, four sessions were held, and 14 women made a total of 34 attendances.

**B. Care of Children.**

## (xv) CHILD WELFARE CENTRES.

There were 58 Child Welfare Centres in the County. The table on page 15 shows details of the activities carried out at each Centre.

The number of children under one year who attended for the first time was 3,456, representing 65.1 per cent of the total registered live births.

The total number of attendances at all Child Welfare Centres by children under one year of age was 30,916, and by children between the ages of one and five years, 20,643, showing an increase of 4,900 in the total attendances compared with the previous year.

The number of child welfare sessions per 1,000 population under five years of age was 46.0.

In order that the child welfare centres may serve the widest possible areas, facilities were provided, free of charge, for mothers and children under five years of age to be conveyed by special buses to twenty-two centres. The number of bus journeys was 243, and 2,828 mothers and 3,583 children were carried.

The work of the clinics is being gradually altered to meet modern demands. For example, in rural areas, inevitably a fair amount of work is devoted to immunisation and vaccination. Increasing attention, however, is being paid to mental aspects of minor disturbances in behaviour of young children, and to advice to the mother on the management of these problems. Health education is primarily directed at the prevention of accidents, immunisation and vaccination, and child management.

## CHILD WELFARE CENTRES

NAME OF CENTRE	AVERAGE NO.	AVERAGE NO. OF		NO. OF SESSIONS
	OF CHILDREN	CONSULTATIONS	ATTENDANCES	
	ATTENDING PER SESSION	PER DOCTOR'S ATTENDANCE	BY DOCTOR	
Barton Seagrave .....	27	—	—	22
Boothville .....	55	23	20	21
Boughton .....	33	14	11	11
Bozeat .....	31	18	11	11
Brackley .....	70	32	11	11
Brigstock .....	38	16	11	11
Brixworth .....	36	18	11	11
Broughton .....	40	17	11	11
Burton Latimer .....	58	20	11	21
Cold Ashby and Welford.....	31	14	11	11
Collyweston .....	26	21	11	11
Corby (Health Clinic) .....	40	16	47	47
Corby (Beanfield) .....	57	28	23	46
Corby (Diagnostic Centre) .....	52	15	51	52
Corby (Elizabeth St.) .....	59	23	39	45
Daventry .....	42	20	22	22
Deanshanger .....	47	8	11	11
Desborough .....	68	13	11	21
Duston .....	68	25	22	22
Earls Barton .....	25	23	11	22
Finedon .....	26	17	11	11
Geddington .....	37	11	11	11
Gretton .....	26	21	11	11
Hackleton .....	26	19	11	11
Hardingstone ( <i>opened October</i> ) .....	38	35	3	3
Helmdon ( <i>opened September</i> ) .....	58	25	4	4
Higham Ferrers .....	54	23	22	22
Irchester .....	53	26	11	22
Irthlingborough (St. Peter's Hall)...	44	36	11	11
Irthlingborough (Palmer Avenue)...	33	27	11	11
Kettering (School Lane) .....	40	11	138	138
Kettering (St. John) .....	32	13	11	22
Kings Cliffe .....	11	11	11	11
Kings Sutton ( <i>opened December</i> ) ...	39	17	1	1
Kislingbury .....	49	16	11	11
Long Buckby .....	28	21	11	11
Middleton Cheney .....	46	17	11	11
Moulton .....	50	22	18	18
Oundle .....	27	17	11	11
Potterspury .....	26	7	11	11
Raunds .....	22	17	11	11
Roade .....	40	27	11	11
Rothwell .....	52	20	11	22
Rushden.....	81	24	48	48
Silverstone.....	36	22	10	11
Spratton.....	23	12	10	10
Thrapston .....	18	17	11	11
Towcester .....	38	29	11	11
Weedon .....	27	17	11	11
Weldon .....	28	22	11	11
Wellingborough (Oxford Street) ...	53	22	58	58
Wellingborough (St. Andrew's) .....	43	27	22	22
West Haddon .....	32	13	11	11
Weston Favell .....	53	36	22	44
Wollaston .....	37	22	11	22
Woodford .....	22	17	11	11
Woodford Halse .....	35	24	11	11
Yardley Hastings .....	55	32	11	11



## (xvi) CHILD GUIDANCE.

No arrangements were made for members of the Child Guidance team to visit the medical and nursing staff of Child Welfare Clinics because the team were too busy with children of pre-school and school age. The Child Guidance Clinics are now under the care of K. Stewart, Esq., M.B., Ch.B., D.C.H., D.P.M., who was appointed as Consultant in Child Psychiatry on March 19th, 1962, in succession to Dr. P. H. Rogers, Consultant Psychiatrist at St. Crispin Hospital, Northampton.

## (xvii) ORTHOPAEDICS.

The clinics organised by Manfield Orthopaedic Hospital continued their valuable work. Children under 5 years of age whom the Medical Officers of Child Welfare Centres recommended should be seen by an Orthopaedic Consultant, were referred to the appropriate clinic, after the family physician had been informed.

## (xviii) SPEECH THERAPY.

Children under five with speech defects are referred to the Speech therapists. Thirty-two children were treated.

## (xix) DENTAL CARE.

**Report of the Chief Dental Officer**

The demand for dental treatment for expectant and nursing mothers and children under six showed a marked increase during the year, despite the closure of the ante-natal clinics, and there is a growing tendency for parents to bring along their young children for dental inspection before there are any obvious signs of disease.

Treatment of the very young child in the dental surgery must necessarily be slow and time consuming ; indeed, several visits may have to be made before any constructive treatment is achieved, but such time is well spent for, with patience on the part of the dental surgeon and the co-operation of the parent, the young child's confidence is eventually won, and he becomes a good patient for the rest of his life.

Despite the constant shortage of staff, the Local Authority dental service must continue to make time available for the very young child whose future attitude to dental health depends so much on the care and patience shown him on his first visit to the clinic.

Much remains to be done towards persuading parents of very young children to prevent the desire for eating sweets and sticky foods becoming an unbreakable habit. The entire conception of sweet eating, for years considered to be the greatest material delight in a child's life must be altered. The habit of parents, grandparents and friends of providing sweets for children as a reward, a gift, or a soother in time of trouble must be discouraged by every possible means. The ultimate aim of this aspect of dental health propaganda must be to persuade the general public that the eating of sweets and other harmful foods is an anti-social habit, like cigarette smoking.

P. W. GIBSON.

**TABLE I.****(a) Numbers provided with dental care :**

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers ...	136	132	142	74
Children under five ... ..	605	564	395	370

**(b) Forms of dental treatment provided :**

	<i>Ex-tractions</i>	<i>General Anaesthetics</i>	<i>Fill-ings</i>	<i>Scalings and gum treatment</i>	<i>Silver Nitrate treatment</i>	<i>Radio-graphs</i>	<i>Dentures provided</i>	
							<i>Complete</i>	<i>Partial</i>
Expectant and Nursing Mothers	365	53	248	66	7	18	25	42
Children under five	530	253	154	4	212	1	—	—

## (xx) DEFECTIVE VISION.

One hundred and seventy-two children under five years of age were examined by the Ophthalmic Consultants of the Hospital Board and, of this number, eighty-five were new cases.

## (xxi) ASCERTAINMENT OF DEAFNESS IN YOUNG CHILDREN.

The importance of carrying out simple screening tests in order to detect the possibility of deafness among children is well recognised by Health Visitors. Except those with the heaviest case loads, all try to carry out these tests routinely on all infants, and 409 children were tested. In other cases they are carried out in the presence of any sign suggesting backwardness in talking or responding to the parent's voice.

## (xxii) CARE OF ILLEGITIMATE CHILDREN (MINISTRY OF HEALTH CIRCULAR 2866).

Of the 272 illegitimate births in the County, 104 cases were brought to the notice of the Moral and Social Welfare Workers, to whom I am indebted for the following figures :

1. Total number of cases brought to the knowledge of the Moral and Social Welfare Workers .....	104
2. <i>Source of Reference :</i>	
1. Medical Practitioners .....	39
2. Health Visitors .....	7
3. District Midwives and Nurses (including cases referred by C.M.O.H.) .....	7
4. Almoners and other social workers .....	37
5. Private individuals, etc. ....	14
3. <i>Classification :</i>	
1st illegitimate .....	88
2nd illegitimate.....	7
3rd illegitimate + .....	1
" Illegitimate " of married women .....	8
4. <i>Ages of Mothers :</i>	
12 years .....	—
13 years .....	1
14 years .....	1
15 years .....	5
16 years .....	11
17-21 years .....	51
22-25 years .....	22
26-30 years .....	11
30+ years .....	2
5. <i>Confinement Arrangements :</i>	
1. Park Maternity Home, Wellingborough.....	8
2. St. Mary's Hospital, Kettering .....	11
3. Barratt Maternity Home, Northampton .....	13
4. St. Edmunds Hospital, Northampton .....	—
5. Moral Welfare Homes .....	34
6. Other Homes or Hostels .....	17
7. At home .....	1
8. Incomplete .....	19
9. Miscarriage .....	1



6. *Final arrangements made for Babies' Welfare* at age of 6 months so far as can be ascertained, including incomplete cases brought forward from last year (1st July, 1960—30th June, 1961)—

Parents married or co-habiting .....	2
Remaining with mother .....	17
Remaining with mother and grandmother .....	25
Adopted .....	27
Admitted to Part III. accommodation .....	1
Mother and child left area .....	4
Admitted to Homes (voluntary or Local Authority) .....	1
Boarded-out .....	3
Unknown .....	3

7. *Financial Arrangements :*

Assisted by Local Health Authority .....	38
Grants from Voluntary Organisations .....	—
Affiliation Orders .....	7
Voluntary payments.....	16

8. Babies died within one year of birth ..... 1

### STATISTICS OF ILLEGITIMACY

Year	Number of live births			Percentage of illegitimate births	No. of unmarried mothers assisted by grants	Infant Mortality Rate	
	Legitimate	Illegitimate	Total			Legitimate	Illegitimate
1930	2864	127	2991	4.2	8	40.85	70.86
1931	2809	115	2924	3.9	7	43.43	113.04
1932	2642	101	2743	3.7	—	44.28	79.20
1933	2576	89	2665	3.3	4	39.98	101.12
1934	2581	107	2688	3.9	9	56.17	84.11
1935	2777	104	2881	3.6	11	50.41	57.69
1936	2944	103	3047	3.4	13	47.55	58.52
1937	2992	112	3104	3.6	20	41.77	98.21
1938	3065	119	3184	3.7	13	39.15	92.43
1939	3211	125	3336	3.7	14	40.13	47.61
1940	3241	122	3363	3.6	8	46.90	89.43
1941	3356	155	3511	4.4	11	47.93	51.61
1942	3842	220	4062	5.4	20	32.53	66.18
1943	3922	288	4210	6.9	17	39.01	59.02
1944	4293	391	4684	8.3	17	35.87	61.38
1945	3866	474	4340	10.9	9	37.50	52.74
1946	4221	310	4531	6.8	14	37.19	32.26
1947	4636	269	4905	5.5	24	34.08	52.04
1948	4110	216	4326	4.9	22	29.68	69.44
1949	3874	182	4056	4.6	27	32.52	60.44
1950	3812	183	3995	4.6	26	29.38	32.79
1951	3795	202	3997	5.0	26	25.30	24.75
1952	3831	175	4006	4.4	33	24.80	28.57
1953	4077	173	4250	4.1	46	23.79	46.24
1954	4080	218	4298	5.1	42	24.02	13.76
1955	3996	187	4183	4.5	41	20.02	37.43
1956	4370	201	4571	4.4	46	19.67	19.90
1957	4555	193	4748	4.1	38	21.95	36.20
1958	4623	186	4809	3.8	42	20.11	10.75
1959	4601	199	4800	4.1	41	20.43	15.08
1960	4970	213	5183	4.1	49	22.53	23.47
1961	5065	272	5337	5.1	38	17.57	18.38

## (xxiii) PREVENTION OF BREAK-UP OF FAMILIES.

Health Visitors continue to spend much of their time and energy on work with problem families. Their aims are to improve family relationships and to help resolve the many problems which arise. They offer advice about budgeting, home management, and the management of children and adolescents, so that the standard of living of these families can be improved and a reasonably happy family life achieved.

This subject is dealt with further under "Health Visiting" (Section 24) on page 22.

## (xxiv) NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

At the time of reporting the premises registered under the above Act were :

- "Oakroyd" Day Nursery Road, Finedon Road, Wellingborough (18 places).
- "Willow Edge," Barby (9 places).
- 25 Back Lane, Hardingstone (6 places).
- 32 Stoke Road, Blisworth (8 places).
- 4 East Street, Long Buckby (8 places).

## (xxv) RUSHDEN HEALTH CLINIC.

Building commenced in 1961 and will finish in September, 1962.

## (xxvi) DISTRIBUTION OF WELFARE FOODS.

The items distributed were :

1. National Dried Milk (full cream and half cream) .....	68,267
2. Cod Liver Oil .....	11,867
3. Vitamin A and D Tablets.....	10,669
4. Orange Juice .....	92,705
	<hr/>
Total .....	183,508
	<hr/>

In addition to the above, 352 tins of National Dried Milk and 45 bottles of orange juice were issued to hospitals which normally receive supplies direct from depots, unless only small quantities are required.

The prices of cod liver oil, orange juice and vitamin tablets were increased on June 1st, and the sales of these foods were considerably reduced after this date. Also from June 1st, distributors were asked to take payment in cash instead of in postage stamps.

At the end of the year, there were 160 centres distributing Welfare Foods throughout the County. A full-time centre was maintained at Northampton and part-time centres continued at Corby, Daventry, Rushden, Towcester and Wellingborough, manned by County Council staff. The remaining 153 were voluntary centres, of which 31 were at Child Welfare Centres.

Thanks are due to the voluntary helpers—many of whom store and distribute the foods from their own homes—for their very valuable assistance in maintaining these centres.

Supplies were received from Associated Deliveries Ltd. depot at Bedford.

Proprietary dried milks, baby cereals, and vitamin and other preparations, sold at the Northampton centre and at Child Welfare Centres during the financial year ended March 31st, 1961, amounted to a total value of £5,028.

## (xxvii) CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR.

Details of these are given in Table II(a). Prematurity and congenital malformations together account for two-thirds of such deaths, the toll of infectious disease and birth injuries having steadily fallen over the years with advances in medical knowledge. It would now appear that medical endeavour must be concentrated on the problems of prematurity and of congenital

defects. A register of the latter is being kept by the County Health Department and it is hoped that this may provide epidemiological information which may help to elucidate the cause of some of these malformations.

### MIDWIFERY (SECTION 23)

#### (i) MIDWIFERY AND MATERNITY SERVICES.

The following table shows the numbers of cases attended by midwives (employed by the former County Nursing Association or by the County Council) from 1939 :

#### DOMICILIARY CONFINEMENTS

*Attended by Midwives (Former County Nursing Assn., or County Council)*

Year	As Midwives		As Maternity Nurses		Total
	No.	Per cent.	No.	Per cent.	
1939	1149	53	1036	47	2185
1940	1165	53	1040	47	2205
1941	1220	55	998	45	2218
1942	1260	51	1209	49	2469
1943	1094	45	1330	55	2424
1944	1165	44	1505	56	2670
1945	1052	47	1204	53	2256
1946	1074	44	1364	56	2438
1947	1207	43	1620	57	2827
1948	963	42	1349	58	2312
1949	772	39	1216	61	1988
1950	765	41	1097	59	1862
1951	732	44	949	56	1681
1952	820	48	836	52	1656

From 1953, the Ministry of Health asked for the information to be shown in the form below.

Year	Doctor not booked		Doctor booked		Total
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
1953 ...	15	454	531	769	1769
1954 ...	12	682	445	540	1679
1955 ...	16	555	425	696	1692
1956 ...	42	582	424	621	1669
1957 ...	54	513	408	719	1694
1958 ...	44	598	340	808	1790
1959 ...	74	525	326	896	1820
1960 ...	54	528	298	991	1871
1961 ...	51	436	293	950	1730

#### (ii) MIDWIVES.

The non-Medical Supervisor of Midwives (Superintendent Nursing Officer) and her staff made 252 routine visits.

The number of midwives who notified their intention to practise in the area during the year was 123. Of these 83 were employed by the Council (including relief midwives), 37 by Hospital Management Committees, and 3 in private nursing homes.



Five midwives attended refresher courses approved by the Central Midwives Board.

The Local Health Authority's midwives spent 1,765 nights on duty.

(iii) MEDICAL AID.

Medical aid was requested in 75 cases and 4 payments of fees were made to medical practitioners, whose assistance had been sought, as against 147 notifications and 8 payments in the previous year.

(iv) GAS AND AIR ANALGESIA.

The number of midwives employed by the Authority who were qualified to administer gas and air analgesia was 68, and 61 machines were provided. Of a total of 1,730 cases, 1,195 (69%) received analgesia. In 468 cases a doctor was present, and in 727 cases a doctor was not present at the time of delivery of the child.

(v) PETHIDINE.

Sixty-eight midwives were authorised to administer pethidine. The drug was administered to 690 patients, comprising 303 cases when a doctor was present and 387 cases when a doctor was not present at the time of delivery of the child.

The percentage of patients receiving pethidine was 39.8.

Instructions have been given to the Superintendent Nursing Officer to pay special attention during her supervisory visits to ensure that all supplies of pethidine are accounted for.

(vi) TRILENE.

Seventeen machines were provided and fourteen midwives were authorised to administer trilene on their own initiative. The analgesic was given in 295 cases (including 138 cases when a doctor was present).

(vii) MATERNITY OUTFITS.

Maternity outfits were available free of charge for all women confined at home. 2,208 outfits were distributed at a cost of £1,012.

(viii) PART II TRAINING.

Six midwives were approved by the Central Midwives Board as midwife teachers and sixteen pupils were trained on the district. The opportunity of training pupils is much appreciated and tribute is due to the midwives who take part in the teaching for their enthusiasm.

(ix) HOUSES AND GARAGES.

At the time of reporting, eleven houses in various districts and three cottages at Wellingborough are owned by the County Council. Nineteen houses are rented by the County Council from District Councils and two from other sources.

The pair of houses at the Pastures Estate, Daventry, were due for completion early in 1962.

Negotiations were proceeding at the end of the year for the purchase of a house at Brackley.

Nineteen garages are owned by the County Council. Fourteen garages are rented by the County Council from District Councils.

## HEALTH VISITING (SECTION 24)

(i) STAFF.

The staff consisted of an Assistant Superintendent Nursing Officer, 30 whole-time Health Visitors, two part-time Health Visitors, and 14 Health Visitor/District Nurse-Midwives.

The establishment of Health Visitors was 41, including one Assistant Superintendent Nursing Officer.

## (ii) CO-OPERATION BETWEEN HEALTH VISITORS AND MEDICAL PRACTITIONERS.

Co-operation with other branches of the Health Service continued, all Health Visitors are now provided with telephones.

## (iii) VISITS.

Details of visits carried out are :

1. Antenatal .....	1,182
2. Infants .....	43,597
3. Children 1-2 years .....	17,162
4. Children 2-5 years .....	25,459
5. Tuberculosis cases .....	1,527
6. Mental Defectives .....	849
7. Infectious Disease cases .....	121
8. Other visits .....	5,201
9. " No access " visits .....	11,980
	<hr/>
	107,078
	<hr/>

The number of families or households visited was 13,805.

In addition, the Health Visitors made 1,534 attendances at Child Welfare Centres and gave 228 lectures to mothers. They also made the following attendances at clinics : chest clinics 422, diphtheria immunisation clinics 45, birth control clinics 33, B.C.G. and Mantoux sessions 114, and poliomyelitis vaccination 361. A total of 5,179 first visits was made to children under one year. Health Visitors also gave 392 lectures to other organisations, such as Women's Institutes, Townswomen's Guilds, Church groups and women's clubs.

## (iv) MENTAL HEALTH.

The Health Visitors pay routine visits to mental defectives who are living in satisfactory homes and whose conduct is not markedly anti-social. Other defectives who require special supervision are visited by the Mental Welfare Officers.

## (v) FAMILY WORK.

Miss S. H. Buchanan, Assistant Superintendent Nursing Officer in charge of Health Visiting, has submitted the following report :

" As the Health Visitor goes round her area she finds many problems ; some of them are obvious but others come to light more gradually. In her efforts to help families solve their difficulties she has to be resourceful and uncritical of their weaknesses.

One day a Health Visitor called on a young coloured woman and her illegitimate baby. She was amazed to see six coloured children, lying from head to foot of a single bed against the living room wall, all sound asleep at 11.30 a.m. The terraced house contained two living rooms and three bedrooms. One room was let to two single coloured men, one to a single woman and a third to a married couple ; the woman with the baby had the fourth room, The small living room, scullery and back yard, were communal. This young woman said the parents of the six children brought them on their way to work at 7.30 a.m., and collected them again between 5 p.m. and 6 p.m. She was not registered as a daily minder, and could not understand that she was breaking the law. The Health Visitor had the difficult task of explaining that the accommodation was inadequate for so many children as well as her own baby, and that their parents should make other arrangements.

Another Health Visitor was discussing with a young mother, the weight of her first baby when the grandmother said her babies had all been big at birth, the last one weighing 11 lbs. On further inquiries it was discovered that the maternal great grandmother had diabetes and had died, and that the grandmother had lately developed an excessive thirst. The Health Visitor asked for a specimen of urine which she tested and found loaded with sugar. She



arranged for this woman to visit her family doctor, following which she was admitted to hospital and diabetes was diagnosed. A month later, the grandmother telephoned the Health Visitor to tell her she had been discharged, her condition stabilized so that she no longer had to have insulin. She was delighted to be spared the injections her mother had for many years.

Some families are less able to help themselves than others. In one such case the mother, who has left her husband, lives with a single man who is severely crippled. They have three children under four years, and the woman is again pregnant. The Health Visitor was asked to make a last effort to get this woman to take one of her children to see a consultant at the Hospital. She planned to take the mother and her children there in her car. However, as one of the other children was ill she took the little boy, in all his grubbiness, to the hospital, where she was embarrassed at being taken for his mother, particularly as he had a dummy stuck in his mouth. The child was found to be seriously anaemic, and as further investigation was required the Health Visitor undertook to get the necessary specimens. The result was admission to hospital for treatment for his anaemia and an intestinal infection.

One morning, a Health Visitor had an urgent call to visit a family who had recently come to the district. She found the mother in an hysterical state due to something she had been told. The Health Visitor knew there had been a psychiatric illness in the recent past, so she sent a message to the family doctor, and as the husband was abroad on business she got a neighbour to stay in the house. While trying to calm the mother she was able to find out the name of the Health Visitor who had known the family when they lived in the North, and also the clinic where she worked. She was fortunate in being able to contact this Health Visitor by telephone and arrange for her to call at once on the maternal grandmother to ask her to come and stay with her daughter until the husband's return. This the grandmother did, and gradually the distressed mother settled down.

These are a few of the family situations the Health Visitors meet in the course of their duties. Many problems can be relieved when the family co-operates, the most difficult are those where the family will not try to help themselves."

HOME NURSING (SECTION 25)

(i) STAFF.

At the end of the year, 10 whole-time (including two male) and 12 part-time district nurses, 50 whole-time and 9 part-time district nurse midwives and 14 whole-time health visitor/district nurse-midwives were employed.

The establishment was increased by one district nurse midwife for Daventry, and is now 100, including 4 members of the supervisory staff.

(ii) CASES.

Details of cases attended and the number of visits paid are given in the following table :

(1)	<i>Medical</i> (2)	<i>Surgical</i> (3)	<i>Infectious Diseases</i> (4)	<i>Tuberculosis</i> (5)	<i>Maternal Complications</i> (6)	<i>Others</i> (7)	<i>Totals</i> (8)	<i>Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year</i> (9)	<i>Children included in (2)-(7) who were under 5 at the time of the first visit during the year</i> (10)	<i>Patients included in (2)-(7) who have had more than 24 visits during the year</i> (11)
Number of cases attended ...	5,148	1,563	41	33	142	610	7,537	3,452	500	1,023
Number of visits paid ...	101,263	23,835	110	1,487	907	15,950	143,552	64,320	2,726	46,889

The nurses paid 11,715 non-nursing visits in connection with the Home Help Service.

The nurses endeavour to keep the welfare of the old people in mind and often visit long before they need nursing care. Many of the nurses serve on the Old People's Welfare Committees, many in fact have been instrumental in their formation. In this way very close co-operation exists and problem cases are soon brought to light. A considerable number of patients and their homes have been completely rehabilitated as a result of the good relationship existing between the District Nurse, General Practitioner, Hospital Almoner, Home Help, National Assistant Officer, Public Health Inspector, Welfare Committee and W.V.S.—all working together as a team for the benefit of the aged person. These visits total 6,515.

Good co-operation exists between the Geriatrician, General Practitioners, Matrons, Almoners, District Medical Officers and the Home Nurses. When problems arise over the discharge or admission of patients the difficulties are usually settled by discussion between members of this group.

The Home Nurses endeavour to assess the total needs of their patients who are in hospital, and make great efforts to prepare the homes and find suitable home helps where required, so that patients may return home as soon as possible. The effectiveness of their work is demonstrated in the early discharges of hospital cases, the number of patients receiving regular twice daily and daily nursing visits, the high percentage of patients receiving regular injection therapy, and the considerable number of chronic sick, aged and frail ambulant patients who receive regular care and supervision from the Home Nurses supported by the Home Help Service.

### (iii) NURSES' TRAINING SCHEME.

Full and active co-operation exists between the County Health Department and the Nurses' Training Schools at the Kettering and Northampton General Hospitals.

Miss W. M. Williams, Superintendent Nursing Officer gives talks to the students in the Preliminary Training Schools, and also to final year students. Visits for these students are arranged with midwives, district nurses, health visitors, speech therapists and mental health workers. Visits are also paid to the County Health Department to see something of its administration. After the visits the students write reports and then attend a discussion with the Superintendent Nursing Officer. At the Northampton General Hospital, the Deputy County Medical Officer also takes part in the training of senior nurses.

### Staff Meetings

The following meetings were held :

- |  |  |
|--|--|
| January 31st : Medical, Nursing and Administrative Staff   | <i>Communications</i>                            |
| The purpose of this meeting was to give members of the field staff the opportunity of seeing the administration of the Department, and for various topics of interest to be discussed. |  |
| June 30th : Surgeon Capt. S. Miles, R.N. (Director of Medical Research, Royal Naval Medical School, Alverstoke, Gosport, Hants)  | <i>Expired Air Resuscitation</i>                 |
| September 29th : H. J. Burton, Esq. (Manager, Northampton East Office, National Assistance Board)  | <i>The work of the National Assistance Board</i> |
| November 30th : County Medical Officer of Health, and W. J. Peake, Esq. (Foot Health Research Department, Start-rite Shoes, Norwich)   | <i>Footwear and Foot Health</i>                  |

## AMBULANCE SERVICE (SECTION 27)

### London-Yorkshire Motorway (M.1) and Birmingham Spur (M.45).

There are approximately 26 miles of this motorway in the Administrative County. The calls on the ambulance service have not been unduly heavy, the total calls received during 1961 being 58. Some of the accidents have involved several vehicles and multiple deaths, while others have been of a minor character.



**County Council Service.**

The County Council provides the service in the Corby, Kettering, Northampton, Oundle, Rushden and Wellingborough areas. These stations, in addition to their own areas, provide during the daytime the non-emergency service for the neighbouring areas served by the smaller voluntary agencies who have difficulty in finding staff during normal working hours.

In the Brackley area, the Council provides a full time driver and a small dual purpose vehicle for the conveyance of sitting patients.

In addition to the County Ambulance Officer, the whole-time staff consists of :

Control Staff	...	...	...	...	2 Radio-telephony Operators. *3 Leading Drivers. 1 Female Telephonist.
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\* These drivers are available to the Northampton Station when not employed on Control duties.

							Number of Vehicles	
							Ambulances	Light Dual-Purpose Ambulances
Station					Head Drivers	Driver Attendants		
Northampton	...	...	...	...	1	6	3	1
Brackley	...	...	...	...	—	1	—	1
Corby	...	...	...	...	1	6	3	1
Kettering	...	...	...	...	1	7	3	1
Oundle	...	...	...	...	—	2	2	—
Rushden	...	...	...	...	1	2	2	1
Wellingborough	...	...	...	...	1	5	3	1
Reserves	...	...	...	...	—	—	1	2
Total	...	...	...	...	5	29	17	8

### Agency Service.

In the areas not covered by the County Council, the voluntary ambulance committees and the St. John Ambulance Brigade continue to provide a service on an agency basis. The larger voluntary organisations employ their own full-time staff to man their vehicles.

The County Branch of the Women's Voluntary Service provided cars to supplement the vehicles owned by the ambulance organisations. Where it was not possible to make use of the Hospital Car Service, local taxis were hired.

## Radio Telephony.

Owing to impending mineral workings under the site of the police radio transmitting station at Burton Latimer, the station was moved to a new site at Old. Since the aerial for the Ambulance Service is attached to the police mast, it was necessary for the main radio station of the Ambulance Service to move with that of the police force.

There was no change in the number of vehicles equipped with radio-telephony. Of the 29 vehicles so equipped 22 were directly operated by the Council and seven by the voluntary agencies at Brackley, Daventry, Islip, and Towcester.

### Long Distance Journeys.

All journeys outside a radius of 40 miles from the ambulance station concerned are referred to the County Medical Officer of Health for approval. For long distance journeys, considerable use is made of the facilities offered by British Railways who provide a reserved compartment without payment other than the fares of the persons travelling. Ambulance transport is arranged to and from stations at both ends of the rail journey.



Accidents in Far Cotton, Northampton.

The Council continued to provide an accident service from the Mere Way Station for incidents occurring south of the Bridge Street level crossing in the County Borough of Northampton. No charge is made for this service since the Corporation agreed to send ambulances to accidents in other areas adjoining the town if in an emergency the County Service is unable to make an immediate response.

Details of work undertaken.

						<i>Number of Patients Carried</i>			
						<i>Accident or Emergency</i>	<i>Others</i>	<i>Total</i>	<i>Mileage</i>
<b>County Council Service</b>									
Ambulances ... ..						5,598	41,281	46,879	333,762
Light Dual-Purpose Ambulances ... ..						509	27,042	27,551	219,486
<b>Agency Services</b>									
Ambulances ... ..						1,388	10,783	12,171	120,171
Light Dual-Purpose Ambulances ... ..						416	9,877	10,293	74,310
<b>Supplementary Services</b>									
Hospital Car Service... ..						7	4,227	4,234	65,702
Taxis ... ..						133	2,746	2,879	32,535
Total ... ..						8,051	95,956	104,007	845,966
Railway Journeys ... ..						—	232	232	18,433

The following table shows the trend of the service since 1949 :

				1949	1950	1951	1952	1953	1954	
Patients carried	...	...		20,666	28,013	46,206	50,113	57,907	69,368	
Accidents or Emergencies				2,573	4,432	4,419	4,530	5,420	5,891	
Mileage	...	...	...	561,187	654,036	700,215	673,446	750,421	811,813	
Average miles per patient				—	—	15.2	13.4	13.0	11.7	
				1955	1956	1957	1958	1959	1960	1961
Patients carried	...	...		76,253	80,631	82,915	86,526	95,929	104,739	104,007
Accidents or Emergencies				5,821	5,167	5,562	5,997	7,428	7,749	8,051
Mileage	...	...	...	851,381	806,304	742,765	743,580	775,811	816,081	845,966
Average miles per patient				11.2	10.0	9.0	8.6	8.1	7.8	8.1

Prior to 1951, for statistical purposes a patient conveyed to and from hospital was regarded as one patient. Under a Ministry of Health instruction in 1951, a patient thus carried is counted as two patients. The number of patients carried showed a decrease ; 352 persons were carried per 1,000 population.

As our ambulances are controlled by radio telephony the vehicles can be more economically deployed, thus effecting a gradual reduction in the average mileage per patient. This average reached its lowest level in 1960, viz., 7.8.

PREVENTION OF ILLNESS, CARE AND AFTER CARE (SECTION 28)

Provision of Nursing Equipment.

The County Council provide nursing equipment, such as wheel chairs, commodes, etc., for the use of patients in their homes. Most of the larger articles are sent out direct from the County Health Department, but, in addition, district nurses maintain small loan cupboards of their own.

There are now ten hydraulic hoists in use in patients' homes and this very useful equipment continues to be a boon to bed-bound patients.

### Convalescent Home Treatment.

Fifty-three patients, fourteen of whom were children, were recommended for treatment, and vacancies were obtained at convalescent homes situated mainly at seaside resorts on the south coast. Adults were normally sent away for two weeks and children for four weeks.

### Chiropody Service.

The arrangements for providing a chiropody service for old people, the physically handicapped and expectant mothers are made through voluntary organisations. Under the County Council scheme voluntary organisations can reclaim 75% of their net expenditure based on the Whitley Council scales after the patients' contribution of 2/6 has been deducted.

153 claims were received from 40 organisations. The number of treatments given was 8,900, and the total amount of grants paid was £1,666.

A special arrangement has been made for a grant to be paid direct to a chiropodist at Wolverton for treatments given to patients living at Wicken and Cosgrove. There are no voluntary organisations in these parishes, and the patients would otherwise not have been able to receive treatment under the scheme.

## HOME HELP (SECTION 29)

The County Council do not employ whole-time home helps but continue to make extensive use of part-time helps who are found as and when necessary. In all areas the District Nurses and Health Visitors have knowledge of women who are prepared to act as home helps when required.

### Area covered by Home Help Organiser

The Home Help Organiser, Miss E. Newell, covers urban areas in the east of the County, and works in association with the Superintendent Nursing Officer and her Assistants and with the local District Nurses. Miss Newell has given me the following report on her work.

#### “ 1. *Statistics.*

In my area, there were 99 new cases, of which 61 were in Kettering, 19 in Wellingborough, 13 in Rushden, and 6 in the combined Finedon and Irthlingborough districts. 2,451 visits were paid, including 1,283 to home helps, patients' relatives, and in answer to general enquiries.

At the end of the year the current cases were :

Kettering area	...	...	...	153
Wellingborough area	...	...	...	57
Rushden area	...	...	...	33
Finedon and Irthlingborough area				23

Help is being given in 167 cases where the patients live alone (female 122, male 45).

The following table shows the allocation of hours :

184 cases : up to 4 hours weekly ;
54 cases : 5 to 7 hours weekly ;
20 cases : 8 to 10 hours weekly ;
8 cases : 11 to 14 hours weekly.

#### 2. *Home Helps.*

Credit is due to the home helps for the sincere way in which they went about their daily duties, and for the added care and attention bestowed upon their patients in doing extra deeds of kindness, such as baking a cake, darning or sewing, taking along a bunch of flowers or a few sweets ; also visiting sick patients when in hospital. The spirit of service is very strong in these women who would not be attracted to general 'charring' jobs, but who sincerely wish to help look after the sick and aged of the community. Their kindness, I am sure, stems from

the thought often voiced to me, ' I shall be old one day and may perhaps be glad of a helping hand '. In general, the supply of home helps was sufficient, although occasionally there was a lack of suitable workers to do certain types of cases. At times recruiting was difficult, if not fruitless, in Rushden, but in an effort to find new helpers, close contact was maintained with the Ministry of Labour, voluntary services and the district nurses.

### 3. *Course.*

A course for home helps—the second in the series—was held in November in Kettering. About sixty women attended each of the three afternoon sessions where talks were given on the home help service and its liaison with the local doctor and the hospital service, mental health and diets. There were also demonstrations in home nursing and a film on prevention of home accidents. Many helpers expressed their appreciation of the instructive and interesting classes. Apart from giving the home help a better understanding of her job and her place in the social services, the course proved of much interest to the patients, who, always eager for any item of news, enjoyed hearing ' all about it ' from their helps.

### 4. *Patients.*

In most instances, help was provided for the aged and infirm, but domestic assistance was given in several cases where a husband (60-65 years) had an invalid wife to care for, no family to help, and was trying to cope—to a point of near exhaustion—with all the household chores, washing and cooking, apart from continuing his full time employment. In another case help was afforded to a man and wife severely injured in a motor cycle crash while on their way to work. Both had been hospitalized for many months, the husband with a back and leg injury and the wife with a brain injury and paralysis of legs. In yet another case help was given to the mother of a large family, including a baby of eighteen months and a sub-normal child of eight years, at home all day and needing constant supervision. These cases only last for perhaps a few months.

Where help is needed because of infirmity and old age, cases continue for a considerable period—many for years. The need for assistance in this type of case grows, and is increasing at a far greater rate than cases finish, resulting in a larger and larger case load.

### 5. *Meals on Wheels.*

I should like to pay tribute to another vital service, closely linked with the home help service—that of the " meals on wheels ", so conscientiously carried on by voluntary helpers.

Where hot meals are delivered—usually twice weekly—the number of hours' help can often be assessed at a lower level than would be necessary if cooking were required.

Patients look forward to their meals on wheels, and many times I have seen hot, appetising dinners being delivered by cheerful, smiling helpers. This is indeed a service valued and appreciated by its recipients.

If more hot meals could be provided, it would indeed be a boon to many old souls, particularly those living alone."

### Details of service in Administrative County.

<i>Type of Case</i>							<i>No. of Cases</i>	<i>Percentage of total</i>
1. Maternity (including antenatal and postnatal) ...	...	...	...	...	...	...	29	2.33
2. Tuberculosis... ..	...	...	...	...	...	...	10	0.81
3. Chronic Sickness (including aged and infirm) ...	...	...	...	...	...	...	1,040	83.74
4. Acute Illness ... ..	...	...	...	...	...	...	155	12.48
5. Others ... ..	...	...	...	...	...	...	8	0.64
Total ... ..	...	...	...	...	...	...	1,242	100.

In 1960, there were 1,132 cases.



There are considerable advantages in linking the home help service with the district nursing service, and particularly in the arrangements under which the Superintendent Nursing Officer or one of her assistants visits patients who have been receiving home help for more than a year.

This is not a free service and patients are required to contribute in accordance with a scale.

Patients receiving national assistance are charged 5/- per week, which they can reclaim from the National Assistance Board. An exception is made for blind persons receiving assistance because, in their cases, the Board cannot increase the allowance to cover the home help contribution, as the higher rate of benefit paid to blind persons is intended to cover domestic assistance amongst other things. The Committee decided, however, that they would not ask for a contribution from blind persons in receipt of national assistance. No charge is made to old-age pensioners with no other income.

Patients' contributions are collected by the District Welfare Officers, and the Welfare Committee charges a commission of  $12\frac{1}{2}\%$  on the amount collected, which in 1960/61 was £7,843.

The cost per 1,000 of the population was £116/3/-, and the cost per case £37. (Financial year ended March 31st, 1961.)

In recognition of the services of home helps, who often perform duties far beyond those required of them by the County Council in their efforts to assist patients, badges have been issued to those helps who have been employed by the Council for not less than two years and who work five hours per week or more. Two weeks' holiday with pay is also granted to home helps who have worked for ten hours per week for at least one year, the amount of pay being the average weekly earnings during the six months prior to the holiday.

## SECTION C.

## Sanitary Circumstances of the Area.

## WATER SUPPLY.

**Rural Schemes.** The following schemes were submitted for the observations of the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle.

<i>Local Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>
Oundle and Thrapston R.D.C.	Apethorpe, King's Cliffe and Woodnewton	£10,500
Mid-Northamptonshire Water Board	Main extension to Northingworth Lodge, Watford Lodge, etc.	£4,200
	Agricultural supply mains to—	
	Old Lodge Farm and Kite's Hall Farm, Old	£4,200
	Drayton Fields Farm, Daventry	£2,370
	Whitehall Farm, Barby and Barby Lodge Farm	£1,160
	Barn Lane, Milton Malsor	£1,580
	Bunker's Hill Farm, Rothwell	£4,570

## SEWERAGE AND SEWAGE DISPOSAL.

**Rural Schemes.** The following schemes were submitted for the observations of the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951, and were approved in principle.

<i>Authority</i>	<i>Scheme (estimated population)</i>	<i>Estimated Cost</i>
Brackley R.D.C.	Lower Middleton Cheney main drainage	£25,720 (revised estimate—original estimate at cost of £17,665 approved in principle in June 1960)
	Thorpe Mandeville main drainage (144)	£15,100
Daventry R.D.C.	Byfield sewage disposal works	£3,000
	Crick sewerage and sewage disposal (Stage I)	£23,000 (complete scheme at cost of £41,000 approved in principle in October, 1957)
	Charwelton sewerage and sewage disposal (225)	£13,400
	Farthingstone sewerage and sewage disposal (174)	£19,000
	Welton sewerage and sewage disposal (381)	£34,600 (revised scheme—original estimate at cost of £9,600 approved in principle in October, 1948)
Kettering R.D.C.	Ashley, Sutton Bassett and Weston-by-Welland sewerage and sewage disposal (425)	£68,500
	Harrington sewerage and sewage disposal (149)	£19,750
Northampton R.D.C.	Billing (Little Ward) sewerage scheme	£4,200 (towards which a capital contribution of £1,000 will be made by A. J. Mackaness, Ltd.)
Towcester R.D.C.	Alderton sewerage and sewage disposal (98)	£19,750
	Pattishall and Cold Higham sewerage and sewage disposal (1,160)	£91,000
	Tiffeld sewerage and sewage disposal (290)	£24,259 (towards which a capital contribution of £6,300 will be made by the Governors of St. John's School, Tiffeld)
	Lichborough sewerage and sewage disposal (247)	£22,537

# CONTRIBUTIONS UNDER THE RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1951.

The Ministry of Housing and Local Government having indicated the amount of grant by that department towards the cost of certain approved schemes of water supply or sewerage and sewage disposal, the County Council agreed to make the following contributions in accordance with the approved scale.

<i>Authority</i>	<i>Sewerage Scheme</i>	<i>Estimated cost</i>	<i>Ministry of Housing and Local Government Grant</i>	<i>County Council's Contribution (Capital Sum)</i>
Brackley R.D.C.	Lower Middleton Cheney Main Drainage	£17,665	Half-yearly payment of £120 for 30 years	£3,240
Brixworth R.D.C.	Brixworth	£49,000	Half-yearly payment of £500 for 30 years	£13,125
Kettering R.D.C.	Cranford Road, Cranford sewerage and sewage disposal	£11,350	Half-yearly payment of £85 for 30 years	£2,300
	Cranford	£43,500	Half-yearly payment of £412 for 30 years	£10,280
Towcester R.D.C.	Whittlebury sewerage and sewage disposal	£32,600	Half-yearly payment of £260 for 30 years	£7,000
Wellingborough R.D.C.	Ecton Sewerage	£19,000	£2,000	£2,000

## REVISION OF CONTRIBUTIONS.

The Ministry having revised their grants in aid of the undermentioned schemes, the County Council's contributions were also re-assessed as follows :

<i>Authority</i>	<i>Scheme</i>	<i>Estimated Cost</i>		<i>Ministry of Housing and Local Government Grant</i>		<i>County Council's Contribution (capital sum)</i>	
		<i>Original</i>	<i>Revised</i>	<i>Original</i>	<i>Revised</i>	<i>Original</i>	<i>Revised</i>
Kettering R.D.C.	Braybrooke	£17,350	£24,979	£9,000	£4,500 and half-yearly payment of £225 for 30 years	£335 (annual contribution)	£621 (annual contribution)
	Rushton	£8,900	£9,138	£2,000	Half-yearly payment of £130 for 30 years	£2,000 (capital sum)	£3,046 (capital sum)
Northampton R.D.C.	Rothersthorpe and Milton Sewerage Scheme	£27,100	£28,691	Half-yearly payment of £125 for 30 years      £140 for 30 years		£3,500	£3,775
Wellingborough R.D.C.	Sywell	£18,850	£20,752	Half-yearly payment of £250 for 30 years      £270 for 30 years		£6,283 (capital sum)	£6,917 (capital sum)
Bucks. Water Board	Water supply to Overthorpe Hall	£2,585	£2,585 (unchanged)	£500	£450	£500	£450



## SECTION D.

## Rural Housing.

## Provision of New Housing Accommodation.

Table showing the post-war record of Rural Housing Authorities up to 31st December 1961, and the number of houses completed during 1961.

## New Houses Built or Building by Rural District Councils.

<i>Rural Housing Authority</i>	<i>Popula- tion Est. 1961</i>	<i>No. under construction at 31/12/61</i>	<i>No. com- pleted up to 31/12/60</i>	<i>No. com- pleted during 1961</i>	<i>Total No. of houses completed at 31/12/61</i>	<i>No. of post-war houses completed per 1,000 of population</i>
Brackley ... ..	11,270	12 (2)	674	18 (15)	692	61.4
Brixworth ... ..	18,480	— (6)	690	6 (2)	696	37.7
Daventry ... ..	15,830	16 (20)	941	38 (44)	979	61.8
Kettering ... ..	11,620	39 (46)	729	60 (6)	789	67.9
Northampton ...	27,420	11 (28)	1,689	27 (31)	1,716	62.6
Oundle and Thrapston	18,900	32 (26)	742	38 (46)	780	41.3
Towcester ... ..	15,370	22 (24)	1,069	26 (14)	1,095	71.2
Wellingborough ...	13,660	7 (20)	883	26 (18)	909	66.5
Totals ... ..	132,550	139 (172)	7,417	239 (176)	7,656	MEAN = 57.8

*Figures in parentheses show total for year ended 31st December, 1960.*

The building of 7,656 post-war houses by the Rural Districts, whose total population is 132,550, represents one new house for every 17.3 persons.

Private enterprise has built 5,704 houses post-war in the rural districts, of which 600 were completed during 1961.

## SECTION E.

## Food and Drugs.

## 1. PUBLIC HEALTH : REGULATIONS.

Public Health (Preservatives, etc., in Food) Regulations, 1925-1953.

The Public Analyst reported that most of the samples submitted under the Food and Drugs Act, 1955, were examined for preservative. No sample contained a prohibited preservative and, where preservatives were permitted, the amounts found were all within the quantities prescribed by the Regulations. In one instance, a butcher was cautioned for failing to declare the presence of preservative in pork sausages.

## 2. ADULTERATION, FOOD STANDARDS, ETC.

FOOD AND DRUGS ACT, 1955.

The Chief Inspector of Food and Drugs (Mr. A. E. Waller) reports :

## Summary of Samples taken.

	<i>Samples Procured</i>	<i>Examined Depart- mentally</i>	<i>Sent to Public Analyst</i>	<i>Adverse Report</i>
Milk ... ..	959	589	370	18
Channel Island Milk ... ..	89		89	3
Condensed Milk ... ..	10		10	
Evaporated Milk ... ..	10		10	
Cream ... ..	11		11	
Ice Cream ... ..	40		40	
Butter ... ..	28	1	27	
Margarine ... ..	10		10	
Lard, Dripping and Oil ... ..	15	2	13	
Cheese and Cheese Spread ... ..	22		22	1
Soup ... ..	45	35	10	2
Fish Products ... ..	26	9	17	
Meat Products ... ..	73	19	54	3
Sausages and Sausagemeat ... ..	59		59	1
Potatoes ... ..	13		13	
Fresh, Tinned, Dried Fruit and Vegetables ... ..	32	2	30	
Cakes, Puddings, Bread and Biscuits ... ..	27	9	18	
Jams, Marmalade, Honey Products ... ..	33	1	32	1
Soft Drinks ... ..	34		34	3
Tea and Coffee ... ..	13		13	
Wines and Spirits ... ..	48	1	47	
Medicines ... ..	28	3	25	
Yoghourt ... ..	1		1	
Instant Welsh Rarebit ... ..	1		1	1
Meat and Fish Pastes ... ..	20		20	
Beef Suet ... ..	1		1	
Condiments ... ..	5		5	
White Sauce ... ..	4	2	2	1
Baking Powder and Flour ... ..	5		5	
Table Jelly ... ..	10		10	
Sugar ... ..	1		1	
Ground Almonds ... ..	1		1	
Sweets and Chocolate ... ..	19	3	16	1
Imitation Rum Essence ... ..	1		1	
Glucose ... ..	2		2	
Cereal with Fruit and Nuts ... ..	1		1	
Pork Pies ... ..	36	36		
Sausage Rolls ... ..	35	35		
	1768	747	1021	35

The summary shows that 1,021 samples were submitted to the Public Analyst, coincidentally the same number as in the previous year. There was a slight decrease in the number of formal samples of milk submitted, with a corresponding increase in the number of miscellaneous samples. Of all the samples, only 35 were the subject of adverse comment, and the percentage of not entirely satisfactory samples decreased from 4.8 in 1960 to the low figure of 3.5.

With 747 samples examined departmentally, the total number of samples dealt with rose from 1,679 to 1,768.

#### MILK.

The Public Analyst (E. Voelcker, Esq., A.R.C.S., F.R.I.C.) in his annual report states : " It is more than satisfactory to be able to report that of 459 samples of milk submitted for examination, only three were adulterated with water. There were samples deficient in fat and solids-not-fat, but only three were adulterated. This is quite the lowest figure since I have been the Public Analyst for the County."

The adulterated samples were from separate sources, and one sample merited nothing more than a written caution. The added water was 1.3%, and was thought to be due to inefficient draining of a churn after swilling. The other two samples, which were of bottled milk, had considerable additions of water, and legal proceedings were successfully taken. Eighteen samples were genuine milk but of a quality below the presumptive minimum standards for fat and solids-not-fat. The producers of these poor milks were advised to seek the assistance of the Ministry's Milk Production Officer in an endeavour to improve the quality. It is well known that certain breeds of cattle vary considerably in the percentage of fat which is given, and also that at peak production milk is likely to contain less solids than later in lactation. It is oft-times difficult for a producer to effect a rapid improvement in the solids of milk from a herd which naturally gives low solids.

The overall standard of the milk sold in the County remains consistently satisfactory, and showed a slightly higher average composition than in the preceding year. The average fat content was 3.58% (3.53) and 8.92% (8.89) solids-not-fat. Channel Islands milk has to conform to a legal standard of 4% fat, and the 89 samples averaged 4.55% (4.48) and 9.25% (9.27) solids-not-fat.

The 589 milk samples tested chemically in the department comprised informal samples taken at receiving dairies as a preliminary to formal samples being obtained, follow-up samples taken at sources of poor quality, but genuinely produced, milk and samples taken from milk supplied under contract to schools.

111 samples of school milk were satisfactory, with the single exception of one sample rather low in fat. This was genuine milk with a natural low fat content. No action was necessary, but the producer was suitably advised. The milk supplied to schools had an average content of 3.55% fat and 8.74% solids-not-fat.

Six samples of raw milk supplied to schools were submitted for methylene blue test, and two failed to pass. The Public Health Inspector for the county district in which the producer had his dairy was informed for suitable action. There was no evidence of tuberculosis in any of the six samples.

#### SAMPLES OTHER THAN MILK.

720 miscellaneous samples were procured, and of the 562 articles sent to the Public Analyst, only 14 were the subject of critical comment.

A sample of cream cheese was found to be little more than a soft milk cheese having a fat content of only 22.85% instead of the minimum of 50% thought by the Analyst to be necessary. The stallholder selling the cheese had himself labelled the article cream cheese, the manufacturer being satisfied to call it "Luxury Farmhouse Cheese". Proceedings were successfully taken against the stallholder.

Manufactured meat products form a substantial and fairly expensive part of the weekly housekeeping, and samples have been taken of a variety of such products.



It is satisfactory to report that none of the 59 samples of sausages contained less meat than is expected by Public Analysts and food and drugs authorities. Pork sausages are regarded as satisfactory if they contain 65% meat, and 48 samples had a range of meat content of 66 to 81%, giving an average of 70.6 %. Beef sausages are expected to contain at least 50% meat, and the 11 samples taken ranged between 51 and 60%. The samples were a fair selection of nationally distributed factory-made sausages and those made by local butchers.

Meat pies and sausage rolls were examined for meat content, and whilst variations were found, there were no instances of very low meat content.

Canned meat products are available in great variety. There are considerable differences in the meat content of various brands having the same description. Generally, the purchaser can have little knowledge of the amount of meat likely to be found in mixtures of meat with other ingredients. For instance, Stewed Steak with Gravy could have anything between 55 and 80% meat. Minced Steak with Onion and Gravy has been ascertained to have only 31% meat. It could also be 50% meat.

This is a field where there is ample evidence of the need for minimum standards being laid down by Regulations, and of the need for more informative labelling. The opportunity has been taken of suggesting to the Food Standards Committee that it would be of benefit, in most instances, if a statement of the percentage of meat present was given on the label. A purchaser would then be able to make an informed choice between buying, say, Pork Luncheon Meat, 80% meat, and Pork Roll, 60% meat, Stewed Steak with Gravy, 55% meat, or possibly 80% meat.

The Public Analyst commented upon one sample needing to be described as Minced Beef with Onion and Gravy in conspicuous letters. This is another matter which has been taken up with manufacturers from time to time and which has been made the subject of representations to the Food Standards Committee.

A tin of Pork Luncheon Meat when opened was shown to be excessively contaminated by tin and iron, and it was unfit for human consumption. It was evident that the can had at some time been punctured by an unsuccessful attempt to open it and had later been opened at the opposite end. No action needed to be taken.

Dried fruit can be purchased from bulk and in cartons with the description " cleaned " or " washed ". A number of samples were examined to ascertain the efficiency of the methods of cleaning and washing. In no case was the amount of grit and dirt found to be excessive.

An orange drink with a claim that it contained added glucose was found to be devoid of glucose, or if there was any present, the amount was so small as to be not capable of accurate estimation. The manufacturers claimed that 2% of glucose was added and that 1.6% had been found on analysis. As the orange drink contained the normal sugar content of 35% it was suggested that as sugar was a chemical compound of glucose and fructose, the addition of 1.6% of glucose was not of such significance as to warrant special mention. The manufacturers agreed to delete the reference to added glucose.

An article described as Honeyjel had a variety of claims on the carton, some of which were exaggerations considered to be in excess of what could be accepted as advertiser's " puff ". As a claim for the presence of minerals was not made in the manner prescribed by the Labelling of Food Order, the manufacturer was advised to amend the wording on the carton. This was done on the next printing.

Some thousands of labels were examined for compliance with the Labelling of Food Order, and a number of minor irregularities were dealt with.

A slimming food which was stated to contain all the nutrients essential for health was considered to be low in iron. The manufacturers, who had already taken medical and nutritional advice and considered that the product was satisfactory in this respect, agreed to increase the iron content to the amount suggested.

Several samples of fresh fruit and vegetables were examined for contamination by harmful spray deposits. They were all satisfactory.

Advertisements have continued to be scanned and several advertisers were asked to amend their claims so as to avoid them being misleading or ambiguous to a degree which would permit of some persons being misled.

LEGAL PROCEEDINGS.

The proceedings taken were :

				<i>Fines</i>			<i>Costs</i>		
				£	s.	d.	£	s.	d.
1. Milk Producer	...	Having in his possession for sale milk to which water had been added (22.0%) ...	Food and Drugs Act, 1955, Section 32 (3) ...	25	0	0	5	5	0
2. Dairymen	...	Selling milk to which water had been added (17.5%) ...	Food and Drugs Act, 1955, Section 2 ...	5	0	0	2	2	0
3. Stallholder	...	Selling cream cheese not of the substance demanded (Milk fat 22.85%)	Food and Drugs Act, 1955, Section 2 ...	2	0	0	3	5	0
				£32 0 0			£10 12 0		

Total Fines and Costs — £42 12s. 0d.

## SECTION F.

### Prevalence of, and Control over, Infectious and other Diseases.

#### 1. INFECTIOUS DISEASES.

**Scarlet Fever.** 187 cases of this infection were notified compared with 234 in 1960. 117 cases occurred in children between five and nine years of age.

**Diphtheria.** For the fifth year in succession no cases were notified.

**Erysipelas.** 19 cases occurred compared with 24 last year. 15 of the patients were aged forty-five years or over.

**Typhoid.** One case was notified compared with 2 cases last year.

**Paratyphoid.** 2 cases were notified compared with 6 cases last year.

**Puerperal Pyrexia : Ophthalmia Neonatorum.** These diseases are dealt with in the Maternity and Child Welfare Section of this report.

**Pneumonia (Acute Primary and Acute Influenzal).** 161 cases were notified compared with 177 last year.

**Measles.** There were 5,304 cases notified compared with 1,422 last year.

**Whooping Cough.** 149 cases were notified compared with 167 last year.

**Meningococcal Infection.** Five cases were notified, the same number as last year.

**Dysentery.** 32 cases were notified compared with 306 last year.

**Food Poisoning.** 12 cases occurred compared with 38 last year.

**Poliomyelitis.** One paralytic case occurred, the same number as last year.



2. VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

The vaccine in general use is purified formol toxoid (FT), provided free by the Ministry of Health through the Public Health Laboratory Service.

The following table shows the number of children at 31st December, 1961, who had completed a course of immunisation against diphtheria at any time since 1st January, 1947.

Age on 31/12/1961 (i.e., born in year)				Under 1 1961	1-4 1957-1960	5-9 1952-1956	10-14 1947-1951	Under 15 Total
Number immunised	...	...	...	1,550	14,547	16,328	15,910	48,335
Estimated mid-year child population	...			5,210	19,790	46,900		71,900
Estimated percentage immunised	...			64%		69%		

Whooping Cough Vaccination.

The whooping cough vaccine, the combined diphtheria-pertussis prophylactic, and the triple diphtheria-pertussis-tetanus antigen are purchased by the Council.

WHOOPING COUGH  
VACCINATION STATISTICS FOR POPULATION UNDER 15 YEARS

Year	No. Vaccinated during year		Total
	Under 5	5-14	
1949	960 (766)	25 (16)	985 (782)
1950	1,476 (1,230)	41 (17)	1,517 (1,247)
1951	1,433 (1,231)	43 (19)	1,476 (1,250)
1952	1,897 (1,442)	73 (24)	1,970 (1,466)
1953	2,219 (1,887)	60 (36)	2,279 (1,923)
1954	2,919 (2,706)	107 (74)	3,026 (2,780)
1955	2,752 (2,656)	100 (74)	2,852 (2,730)
1956	3,097 (3,078)	83 (74)	3,180 (3,152)
1957	3,521 (3,492)	120 (102)	3,641 (3,604)
1958	2,962 (2,743)	58 (52)	3,020 (2,795)
1959	4,031 (3,701)	113 (103)	4,144 (3,804)
1960	4,460 (4,300)	204 (184)	4,664 (4,484)
1961	4,426 (4,412)	441 (433)	4,867 (4,845)

The figures in brackets relate to children vaccinated with combined diphtheria-whooping cough vaccine or triple diphtheria-whooping cough-tetanus antigen and are also included in the diphtheria immunisation statistics.

Vaccination against Smallpox.

The number of vaccinations and re-vaccinations carried out since 1949 are :

<i>Age at date of vaccination</i>	<i>Under 1</i>		<i>1 to 4</i>		<i>5 to 14</i>		<i>15 or over</i>		<i>Total</i>	
	<i>Primary</i>	<i>Per cent Vacc'd.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>	<i>Primary</i>	<i>Re-vacc.</i>
1949 ...	344	11	286	4	51	22	109	189	790	215
1950 ...	746	16	135	14	115	96	261	563	1,257	673
1951 ...	972	24	179	11	228	107	222	442	1,601	560
1952 ...	1,052	26	187	12	102	46	212	436	1,553	494
1953 ...	1,224	29	195	10	113	36	162	265	1,694	311
1954 ...	1,586	37	168	15	106	33	182	262	2,042	310
1955 ...	1,535	38	177	14	89	24	215	293	2,016	331
1956 ...	1,772	41	212	22	125	74	210	388	2,319	484
1957 ...	2,205	48	292	36	213	90	345	457	3,055	583
1958 ...	2,134	45	220	28	115	63	268	370	2,737	461
1959 ...	2,176	46	308	29	168	76	243	449	2,895	554
1960 ...	1,996	42	410	23	131	60	255	425	2,792	508
1961 ...	2,184	42	759	20	204	67	325	393	3,472	480

The number of vaccinations carried out by County Council Staff was 850.

That only 42% of all infants are vaccinated against smallpox cannot be regarded as satisfactory. Presumably most parents are apathetic on the subject, have some objection to vaccination procedures, or think that the risk of infection being imported into the country is so small that it can be neglected. With the increasing speed of air transport from eastern countries where the disease is endemic, a constant risk of the importation of a virulent and loathsome infection is ever present. Moreover, the disease may suddenly erupt in a community, and the infection begin to spread before there is time for protection by vaccination.

Poliomyelitis Vaccination.

The number of vaccinations carried out since 1956 are :

<i>Age</i>	<i>Under 5</i>	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 or over</i>	<i>Total</i>	<i>Grand Total</i>
1956	409	688	—	—	1,097	110,497*
1957	1,114	4,769	1,374	—	7,257	
1958	11,667	10,407	13,348	4,775	40,197	
1959	5,131	2,758	2,844	16,079	26,812	
1960	3,957	632	628	18,891	24,108	
1961	3,867	972	804	5,383	11,026	

\* Of this total, 96,995 persons had received three injections and 21,400 children between 5 and 11 years (inclusive) had received four injections.

Yellow Fever Vaccination

159 persons were vaccinated against yellow fever. A fee of one guinea is charged for the vaccination.

3. TUBERCULOSIS.

The numbers of cases of tuberculosis on the registers at the end of 1961 were :

<i>Respiratory.</i>			<i>Non-Respiratory.</i>			<i>Total Cases.</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
677	543	1,220	163	186	349	1,569

Particulars of new cases of tuberculosis and of all deaths from the disease are :

AGE PERIODS.	NEW CASES.				DEATHS.			
	<i>Respiratory.</i>		<i>Non-Respiratory.</i>		<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ... ..	—	—	—	—	—	—	—	—
1— ... ..	—	1	—	—	—	—	—	1
2— ... ..	1	—	1	1	—	—	—	—
5— ... ..	—	1	1	—	—	—	—	—
10— ... ..	—	—	—	1	—	—	—	—
15— ... ..	1	2	—	—	—	—	—	—
20— ... ..	7	1	1	2	—	—	—	—
25— ... ..	9	13	3	1	3	1	—	—
35— ... ..	5	5	2	2	—	—	—	—
45— ... ..	9	3	—	—	3	2	—	—
55— ... ..	7	3	—	—	—	—	—	—
65— ... ..	5	1	1	1	7	1	—	—
75— ... ..	3	1	—	1	3	2	—	1
TOTALS ...	47	31	9	9	16	6	—	2

Twenty-eight new cases were not notified in this Administrative County, being transfers from other areas. There were two posthumous notifications.

The total primary notifications of tuberculosis amounted to 96—57 of which occurred in the Urban Districts and 39 in the Rural Districts. Of this number, 78 were suffering from respiratory forms of the disease and 18 from other forms of tuberculosis. There were 23 fewer primary notifications during 1961 than in 1960. Table III, page 62, in the statistical section, shows the number of cases notified in each District.

**Mortality.** Respiratory—22 deaths (16 males and 6 females) occurred, 14 in the Urban Districts and 8 in the Rural Districts.

Other forms—2 deaths (both female) occurred in the Urban Districts.

There were thus 24 deaths from all forms of tuberculosis compared with 16 in 1960. The mortality rate was 0.08 per thousand of the population. The rate for the combined Urban Districts was 0.10 and 0.06 for the combined Rural Districts.

The annual Tuberculosis Mortality Rates from the beginning of this century will be found in Table V, page 64.



## Mass Radiography.

Details of surveys carried out in the county by the Mass Radiography Service (No. 1 Unit, Oxford Regional Hospital Board) are :

<i>Period of Survey.</i>	<i>Place Surveyed.</i>	<i>Groups Surveyed.</i>	<i>Number X-rayed.</i>	<i>No. of newly discovered cases of significant tuberculosis.</i>		<i>Percentage Response.</i>
				<i>Active.</i>	<i>Rate per 1,000.</i>	
1960-12th-15th Sept. 20th-21st Oct.	BRIXWORTH R.D.	General Public .....	816	—	—	—
10th-12th Oct. 24th-26th Oct.	NORTHAMPTON R.D.	Firm .....	2,129	—	—	62
21st Nov. 1961-7th Feb.	KETTERING (6th Survey)	Boot and Shoe .....	3,612	—	—	79
		Other firms.....	5,044	6	1.19	
		Old People's Home .....	39	—	—	
		General Public .....	6,692	1	0.15	
		TOTAL .....	15,387	7	0.45	
Jan.- Mar.	WELLINGBOROUGH (Monthly Service)	General Practitioner Referrals .....	46	—	—	—
		General Public .....	4	—	—	
		TOTAL .....	50	—	—	
2nd-5th Jan.	BRIXWORTH R.D.	General Public .....	662	—	—	
9th-10th Jan.	KETTERING R.D.	General Public .....	400	1	2.5	
12th Jan.	CORBY	Firm .....	77	—	—	
20th-22nd Feb.	OUNDLÉ (5th Survey)	Schools .....	462	—	—	86
		Staff .....	183	—	—	
		Firm .....	22	—	—	
		General Public .....	844	—	—	
		TOTAL .....	1,511	—	—	
23rd Feb.-1st Mar.	OUNDLÉ AND THRAPSTON R.D.	Firms .....	354	—	—	91
		General Public .....	764	—	—	
		TOTAL .....	1,118	—	—	
3rd-7th Mar.	ROTHWELL (6th Survey)	Boot and Shoe .....	696	—	—	78
		Other firms .....	52	—	—	
		General Public .....	634	—	—	
		TOTAL .....	1,382	—	—	
8th-16th Mar.	DESBOROUGH (6th Survey)	Boot and Shoe .....	576	—	—	80
		Other firms .....	788	1	1.27	
		General Public .....	724	—	—	
		TOTAL .....	2,088	1	0.48	
28th Mar.	KETTERING	Old People's Home .....	27	—	—	
22nd Mar.-8th June	DAVENTRY R.D.	Firms .....	605	—	—	61
		General Public .....	2,077	1	0.48	
		TOTAL .....	2,682	1	0.37	
13th-20th April	BURTON LATIMER (6th Survey)	Boot and Shoe .....	631	—	—	84
		Other firms .....	1,006	—	—	
		General Public .....	443	—	—	
		TOTAL .....	2,080	—	—	

<i>Period of Survey.</i>	<i>Place Surveyed.</i>	<i>Groups surveyed.</i>	<i>Number X-rayed.</i>	<i>No. of newly discovered cases of significant tuberculosis.</i>		<i>Percentage Response.</i>
				<i>Active.</i>	<i>Rate per 1,000.</i>	
4th-11th May	DAVENTRY (5th Survey)	Boot and Shoe .....	263	—	—	58
7th-10th July		Other firms .....	841	1	1.19	
		General Public .....	1,150	1	0.87	
		Positive reactors .....	3	—	—	
		TOTAL .....	2,257	2	0.89	
18th May	WELLINGBOROUGH	Domestic Staff .....	18	—	—	
24th-29th May	DUSTON (St. Crispin Hospital)	Patients .....	891	2	2.24	
		Staff and families .....	231	—	—	
		TOTAL .....	1,122	2	1.79	
6th and 12th June	BRACKLEY	Firm .....	80	—	—	
22nd June	MOULTON	Institute of Agriculture	73	—	—	
26th June	NORTHAMPTON R.D.	Firm .....	152	—	—	88
13th-20th July	WELLINGBOROUGH Grammar School	Staff .....	45	—	—	
		Scholars .....	537	—	—	
		TOTAL .....	582	—	—	
25th Sept.	DAVENTRY (Danetre Hospital)	Staff .....	62			
		Residents .....	12			
		TOTAL .....	74			
2nd-12th Oct.	WELLINGBOROUGH R.D. (6th Survey)	Boot and Shoe .....	1,181	—	—	87
		Other firms .....	374	—	—	
		General Public .....	900	—	—	
		TOTAL .....	2,455	—	—	
17th Nov.	DAVENTRY	Firm .....	308	—	—	82
June-December	WELLINGBOROUGH (Monthly Service)	General Practitioner Referrals .....	27	—	—	
		General Public .....	30	—	—	
		Schoolchildren .....	10	—	—	
		TOTAL .....	67	—	—	

In total, therefore, the Mass Radiography Service examined some 37,597 persons and ascertained 14 newly-discovered active cases of significant tuberculosis, a rate of 0.38 per thousand.

#### Mantoux Tests.

The results of the initial Mantoux Tests carried out on contacts up to 15 years of age of pulmonary tuberculosis cases diagnosed are :

<i>Age Groups</i>	<i>Pos.</i>	<i>Neg.</i>
0-4	13	13
5-9	14	14
10-15	12	11

**B.C.G. Vaccination of school children.**

Consent for Heaf testing and vaccination was returned for 4,152 children, which represents an acceptance rate of 95%. 878 children tested were Heaf positive, a rate of 23.1%. The number of children vaccinated was 2,919, and the number of sessions devoted to this by medical officers was 108.

In accordance with the recommendations of the Tuberculosis Vaccines Clinical Trials Committee of the Medical Research Council, positive reactors to the tuberculin test were offered chest X-ray examinations.

Of 157 children examined at the No. 1 Unit of the Oxford Regional Hospital Board Mass Radiography Service, two were referred to the Chest Clinic with the following results :

Presumably quiescent pulmonary tuberculosis but requiring occasional supervision	...	...	...	...	...	1 Female
Chronic bronchitis	...	...	...	...	...	1 Male

**Re-housing of Cases of Tuberculosis.**

The District Medical Officers of Health have kindly supplied the following information regarding the number of houses allocated to tuberculous families.

<i>District</i>	<i>No. of Houses Allocated</i>
Daventry Borough .....	1
Raunds Urban .....	1
Wellingborough Urban .....	1
Daventry Rural .....	1
Wellingborough Rural .....	1

**Contacts.**

The following table shows the number of contacts examined and the number of contacts successfully vaccinated with B.C.G.

<i>Year</i>	<i>Contacts examined</i>	<i>Contacts vaccinated with B.C.G.</i>
1949	463	Nil
1950	774	12
1951	874	93
1952	1,002	118
1953	1,042	121
1954	1,074	182
1955	1,002	338
1956	1,045	413
1957	1,082	480
1958	997	465
1959	926	431
1960	871	518
1961	798	577

**Extra Nourishment Grants.**

Grants of free milk varying from one to three pints per day were made to 20 patients, most of whom lived in areas not covered by Voluntary Care Committees. Grants are invariably given on the recommendation of the Chest Physician without regard to the family income.



**Retirement of Consultant Chest Physician.**

Dr. G. B. Lord, Consultant Chest Physician at Rushden House Sanatorium, retired on November 30th. Dr. Lord was in the full-time service of the County Council from August 26th, 1929, to July 4th, 1948. After the Chest Clinic Service was transferred to the Oxford Regional Hospital Board on July 5th, 1948, he carried out part-time duties for the County Council under Section 28 of the National Health Service Act.

**Report of Chest Physician.**

Dr. O. E. Fisher, Chest Physician at Rushden House Sanatorium, has reported :

“ 1. *Clinic Services.*

60 cases of pulmonary tuberculosis and 15 cases of non-pulmonary tuberculosis were diagnosed. This is a substantial reduction on the numbers discovered in 1960, the corresponding figures being 85 pulmonary and 24 non-pulmonary. Most of our clinic work now deals with non-tuberculous conditions, as is reflected in the Sanatorium admission figures.

2. *Admissions, Rushden House Sanatorium.*

There were 248 admissions into the chest section, of which 81 were tuberculous and 167 cases were non-tuberculous. In 1960 the total admissions were 274, so there have been 26 fewer admissions this year, due to a drop of 37 in tuberculous admissions, non-tuberculous admissions having risen by 11. The proportion of non-tuberculous to tuberculous admissions is the highest ever, two-thirds of the cases now being non-tuberculous. The quicker turnover of non-tuberculous patients and the more elaborate investigation and treatment that these patients require, entails more intensive medical and nursing care than in the days when the Sanatorium treated tuberculosis only. This is an important factor in adding to Matron’s staffing difficulties.

The changed pattern of work is illustrated by comparing last year’s admissions with those of 10 years ago. Although we then had 9 more beds than now, admissions have almost doubled, and there has been a fourteenfold increase in non-tuberculous admissions.

	<i>Tuberculous</i>	<i>Non-Tuberculous</i>	<i>Total</i>
1961 ...	81	167	248
1951 ...	118	12	130

3. *Deaths.*

There were 30 deaths, of which 5 were due to pulmonary tuberculosis and 14 to cancer. In 1960 there were 18 deaths, 2 pulmonary tuberculosis and 6 cancer. There were 5 deaths from pulmonary tuberculosis last year compared with only 2 in 1960, but deaths from tuberculosis are now so low that fluctuations of 1 to 2 deaths, more or less, make a large statistical difference. A much more significant pattern of Sanatorium mortality figures is obtained by comparing deaths in 1961 with those in the Sanatorium in 1949, the last full year before chemotherapy was widely used in tuberculosis.

1961 ...	30 deaths ...	5 due to pulmonary tuberculosis
1949 ...	24 deaths ...	23 due to pulmonary tuberculosis

In 1961 the average age of the 5 patients dying from pulmonary tuberculosis was 65.

In 1949 the average age of the 23 patients dying from pulmonary tuberculosis was 33.

Another significant difference is that no female patient died from pulmonary tuberculosis in 1961. In 1949 there were 12 female deaths and 11 males. In fact, there have been no female deaths from pulmonary tuberculosis in the Sanatorium for the past two years.”

Domiciliary Occupational Therapy.

Reference is made on page 54 to the work with patients suffering from chest conditions.

4. VENEREAL DISEASES.

The number of County patients attending for the first time at venereal diseases clinics were :

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>
Northampton General Hospital .....	4	17	65
St. Mary's Hospital, Kettering .....	2	13	32
Peterborough Memorial Hospital .....	—	1	3
Total .....	6	31	100

## SECTION G.

### Health Education.

The annual report for 1960 contained the statement that teaching the public about health is one of the most important functions of a County Health Department. The opportunity was also taken to make a critical review of the changing emphasis in public health and to indicate how the future Health Education needs of Northamptonshire could best be met. The year now under review is of necessity an interim period between formulating the new policy and putting it into full operation.

The post of Health Education Organiser was created in 1961, the appointment being filled by Miss J. A. Forester, S.R.N., S.C.M., H.V. Certificate, Health Visitor Tutor's Certificate, who had been a Health Visitor in the county for a year, prior to which she was Senior Public Health Tutor in Nigeria. Miss Forester's qualifications and background made her a most suitable candidate for the post and, to help her further in preparing for her new work, arrangements were made for her to attend the London University course leading to the Diploma in Method and Content in Health Education which began in September, 1961, and will continue until June, 1962.

It will be clear that the main development of organising Health Education in the county must await Miss Forester's return, but certain changes have already taken place, and these will now be reviewed.

#### (a) Antenatal Clinics.

After consultation with the general practitioners and hospital authorities, it was decided to discontinue the County Council's antenatal clinics from May and to hand over the physical care of expectant mothers to general practitioners and hospital antenatal clinics, the County Council midwives continuing, of course, to provide individual care in cases for which they have responsibility. Having closed its former type of clinics, and again in agreement with the general practitioners and hospitals, the County Health Department then began the development of a new type of clinic designed to provide facilities for Health Education and for the teaching of relaxation to expectant mothers. This proved extremely popular with these mothers, fulfilling a directly useful role in preventive medicine, for the reports of successive enquiries into maternal deaths have drawn attention to the value of Health Education in preventing unnecessary mortality by helping mothers-to-be to understand what is taking place in their bodies and minds, thus enabling them to play an increasingly co-operative role with the doctors and midwives responsible for their care during pregnancy.

Details of these classes are given on page 13 ; also see frontispiece.

#### (b) Child Welfare.

In addition to continuing their traditional pursuits, child welfare centres are becoming more orientated towards group discussion methods, which are a more effective way of teaching than the type of instruction which depends on individual tuition. Another notable development during the year has been the growth of mothers' clubs attached to child welfare centres. These are run by the mothers themselves in close co-operation with Health Visitors, and again their programmes of meetings and discussions have enabled mothers to take a highly intelligent and enlightened interest in the growth and development of their children.

#### (c) Schoolchildren.

Once again it is pleasing to report that Health Visitors are being more and more frequently asked to take part in the health teaching of schoolchildren. More will be said about this in future reports to the Education Committee by the Principal School Medical Officer.



**(d) Visual Aids.**

Towards the end of the year, arrangements were made for regular displays dealing with health subjects at County Hall and in clinics owned by the County Council. The intention is to rotate these displays regularly so that none is left too long in one place. When a clinic is held in premises where a display has been arranged, the Health Visitors try to include a short talk on the subject under consideration for the benefit of the mothers attending the clinic.

Five film-strip projectors were purchased in addition to a sound film projector. There is an increasing demand for talks on health subjects to a wide variety of voluntary groups throughout the County, and it is essential that these should be accompanied by modern visual aids. Arrangements have been made for the purchase in 1962 of a cine-camera, with the object of producing short Health Education films for use by Health Visitors and others. In that connection, a film strip dealing with smoking and lung cancer, which is perhaps the most pressing public health problem of today, has been prepared in the County Health Department. In addition, steps are being taken to build up a collection of display material, models, posters and pamphlets for which there is again a steady demand both from members of the staff and from the public.

**(e) In-service training.**

The Central Council for Health Education provided its customary two-day course for members of the County Health staff at Knuston Hall in the spring. The subject chosen for consideration was "The Prophylaxis of Mental Illness". From the meetings and lectures much was learned by the staff about modern methods of Health Education, and the discussion which followed each item on the programme revealed a high level of interest amongst all concerned.

**The future.**

It may thus be said that the foundation of a comprehensive Health Education service has been laid. The Health Education Organiser, with artistic and clerical help, has begun the task of developing and co-ordinating what is rapidly becoming a major feature of every service administered by the County Health Department.

## SECTION H.

### Mental Health Services.

#### 1. ADMINISTRATION.

##### **Committee responsible for service.**

The Committee responsible for the service is the Mental Health Services Sub-Committee of the Health Committee. The Sub-Committee consists of twelve members of the Council and four co-opted members—one nominated by the Northamptonshire Local Medical Committee, one by the St. Crispin Hospital Management Committee, and two appointed by the Health Committee. Meetings are held quarterly.

##### **Co-ordination with the Regional Hospital Board and Hospitals.**

The County Medical Officer of Health is a member of the Northampton and District, and of the Kettering and District Hospital Management Committees; the Deputy County Medical Officer of Health is a member of the St. Crispin Hospital Management Committee and the Bromham Hospital House Committee. Further liaison with the hospital services is obtained through the Physician Superintendent and the Consultant Psychiatrists of St. Crispin Hospital, who have always given their help and advice when required. A close link is maintained with hospitals for the subnormal and severely subnormal, and Mental Welfare Officers supply social reports where these are required by the hospital staff. They also provide supervision for patients from these hospitals who are at home on leave.

With the expansion in staff of Mental Welfare Officers, the anticipated increase in the amount of social work carried out on behalf of St. Crispin Hospital has occurred. The number of patients discharged from that hospital and referred for after-care in 1961 was 239. Five years previously, in 1956, the number was 49.

Student nurses from St. Crispin Hospital have continued to accompany Mental Welfare Officers in their domiciliary visits, in order to obtain insight into the community care of the mentally disordered. In return, the Mental Welfare Officers and Occupational Therapists have attended lectures and instructional films given by the consultant medical and tutorial staff of the hospital.

##### **Duties delegated to Voluntary Associations.**

No duties have been delegated to Voluntary Associations, but use is made of holiday homes supervised by the Guardianship Society, Hove.

##### **Training of Staff.**

Four of the Supervisors of Training Centres have now successfully gained the Diploma for Teachers of the Mentally Handicapped, and a further member of the staff commenced the Course in October. It is the policy of the Mental Health Services Sub-Committee that others should be seconded in future years. One of the Mental Welfare Officers began a part-time course at the Lanchester College of Technology, Coventry, leading to the Diploma in Social Science, and ultimately, it is hoped, to the Younghusband qualification for Social Workers. It is planned that other members of staff will take either the one-year or two-year course for training in social work, and future Mental Welfare Officers will be appointed only if they hold University entrance qualifications.

#### 2. SUPERVISION OF THE SUBNORMAL.

Health Visitors paid 849 routine quarterly calls on subnormal patients under supervision in their homes. Mental Welfare Officers visited in other cases, including those where there were special difficulties or where particular social or other problems had to be solved.

### Ascertainment.

Eighty-six new patients were ascertained. The names of 41 were removed from the register : ten were no longer in need of supervision, 13 died, and 18 removed from the area. At the end of the year there were approximately 500 subnormal and severely subnormal patients on the register.

### Guardianship.

The two patients formerly under guardianship were discharged under the new Act and remained under friendly supervision.

### Voluntary Bodies.

Much help has been given by the local branches of the National Society for Mentally Handicapped Children ; and their generosity and co-operation is very much appreciated. Further details of these activities are mentioned under the reports from Supervisors of individual Training Centres.

### Waiting List.

At the end of the year the waiting list for admission to hospitals for the subnormal and severely subnormal was :

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Urgent .....	8	7	15
Non-urgent.....	10	5	15
Total awaiting hospital care .....	18	12	30

### Care.

Of 29 patients who were admitted to psychiatric hospitals for the subnormal, 21 were placed there informally, five were under treatment orders, and three by order of the Court. A total of 16 patients were admitted to such hospitals for temporary periods, usually in order to provide a much-needed break for their parents.

### Statistical enquiry.

In order to determine the whereabouts and present circumstances of the mentally subnormal patients known to the mental health section, every eighth name on the register was taken, making a total of 102 (59 males and 43 females). Of this 102, 53 are or were resident in rural districts, and 49 in boroughs or urban districts.

Forty, i.e., under half, are permanent hospital in-patients, the other 62 being apparently well-settled in the community. Only ten of these 62 are neither working nor attending a Training Centre, and of these just two are capable of work, but are not allowed to do so by their parents.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number in employment ... ..	16	13	29
Number at Training Centres ... ..	14	9	23
Not employed or in training ... ..	4	6	10
Total ... ..	34	28	62

## 3. MENTAL HEALTH ACT, 1959.

Nineteen sixty-one is the first full year during which the provisions of this Act were in operation. In consequence, no direct comparisons of statistics can be drawn with previous years.



1. Number of patients notified to County Health Department :	
(a) Subnormal and severely subnormal .....	137
(b) Mentally ill and psychopathic.....	725
	<hr/>
	862
	<hr/>
2. Action taken :	
Placed under domiciliary supervision or care .....	348
Admitted to hospital :	
(a) informally .....	123
(b) under Section 25 (observation) .....	173
(c) under Section 26 (treatment) .....	58
(d) under Section 29 (emergency) .....	9
(e) under Section 60 (Court Order) .....	2
(f) Under Section 71 (Hospital Order) .....	1
(g) Short-term care .....	20
Action pending or official action unnecessary .....	128
	<hr/>
	862
	<hr/>
3. Patients on leave from hospital .....	11
Patients discharged from hospital care .....	644
Patients discharged from supervision or care .....	155
Died or removed from area .....	151
<b>Total number of admissions</b> ( <i>including those not dealt with by the County Health Department</i> ) :	
(a) for treatment .....	60
(b) for observation .....	182
(c) informally .....	569
	<hr/>
	811
	<hr/>

Two new Mental Welfare Officers commenced duties in 1961, Mr. K. Greenwood, S.R.N., R.M.N., and Mr. B. Norman (Welfare Assistant). Thus there are now six officers actively engaged in the domiciliary care of the mentally disordered. It will be remembered that in November 1959, the County Council approved in principle that the eventual number of Mental Welfare Officers should be eight, giving a ratio of one Mental Welfare Officer per 37,000 population.

Owing to the increase in medical and administrative work brought about by the Mental Health Act, with its emphasis on community care, the County Council agreed to appoint an additional Medical Officer to the central staff. Dr. J. V. Dyer assumed the post of Senior Assistant Medical Officer on 1st July, 1961, and has devoted the majority of his time in the day-to-day administration of the mental health section as well as dealing with children found to require special educational treatment for reasons of educational subnormality or maladjustment. As the Council's scheme for the development of its mental health services proceeds, there will be a steadily increasing work-load for the medical, social-work and clerical staff.

#### 4. TRAINING CENTRES.

The Committee's decision that attendance at Training Centres should be compulsory for children unsuitable for education at school was put into effect. To do this, a full transport service had to be provided and, although inevitably an expensive policy, it was essential if these children were to be treated in the same way as children attending ordinary or special schools.

Fourteen routes were worked out so that on each a group of children could be collected and brought to the nearest Centre by 9.30 a.m. On two routes an escort was provided.

At the end of the year, all but three of the children capable of benefiting from it, were attending Training Centres. In one case a private tutor is providing the necessary education, and the other two are so emotionally involved with their mothers that any attempt to separate them by compulsion might lead to a crisis. However, an Occupational Therapist visits them both to ensure that they are receiving some degree of training.

The total numbers on the rolls of the Training Centres rose by the end of the year to 180, and at each Junior Training Centre a third member of staff was appointed, thus ensuring the desirable division of children into infant, junior and senior classes.

Accommodation at the Centres is quite inadequate and it is sad to report yet again that no start has been made on the purpose-built Centres and Hostels, although it now seems certain that progress should be made in the course of 1962.

The following reports have been compiled from notes received from the Supervisors of the five Training Centres.

*Corby—Rockingham Road Health Clinic.*

(Supervisor—Mrs. E. E. Cocker. Assistant Supervisors—Mrs. W. M. Baxter and Mrs. J. Patrick.)

Twenty-eight children were in attendance at the beginning of the year, the number rising to 35 by December. Apart from one 25-year-old, the age range was five to 16 years. During the year, two boys reached leaving age; one was transferred to the Adult Training Centre in Kettering, whilst the other succeeded in obtaining regular employment.

Nineteen sixty-one saw a great improvement in the transport arrangements. The use of the County Ambulance Service was discontinued, and replaced by private vehicles, each with an escort. A minibus collected those not living in Corby and a coach conveyed the local children.

The annual Open Day was on 20th July, many parents and friends taking the opportunity to visit the Centre and see the display of handicrafts. The Christmas party on 14th December was equally well attended, when, following the percussion band, singing and Nativity Play, Father Christmas gave each child a gift, kindly provided by the Corby and District Society for Mentally Handicapped Children.

Two excursions were made to Wicksteed Park, Kettering, one in company with the children from Kettering Junior Training Centre. The Rector of Corby gave a party for the children in the gardens at the Rectory, a group of Grammar School scholars helping with the games.

Mr. C. W. Furniss brought a party of boys from the Rockingham Road Secondary Modern School. Each child was given toys and sweets that had been provided by the boys themselves, with assistance from the girls attending the Samuel Lloyd Secondary Modern School. In December, the ladies of Corby Inner Wheel donated a wheelbarrow and a pull-along truck.

The appointment of a second Assistant Supervisor at the beginning of the Christmas Term allowed a more suitable grouping, so that a separate nursery class could work independently of the others in free play activities, whilst the older children in a separate room could concentrate rather more than before on 3R work.

The highlight of the year was the visit to Corby of H.M. The Queen, and H.R.H. the Duke of Edinburgh. The Corby and District Society for Mentally Handicapped Children hired a bus to take the children to the site reserved for them on the route, and also provided sweets and flags.

*Wellingborough—Salem Hall, Salem Lane.*

(Supervisor—Miss B. V. Miller. Assistant Supervisors—Mrs. N. E. Coles and Miss S. Dews.)

Thirty-eight children were on the register, the ages ranging from  $4\frac{1}{2}$  to 16 years, with one older girl. With a second assistant commencing duties during the year, nursery school methods were introduced for the younger and less able children. Considerable progress was then possible in the more academic side of training, and good results were obtained in reading, using the "look and say" method. The majority of the older children can read and write their names. This has not meant stopping handicraft work, which has continued as before, as has training in simple domestic tasks for the 10-16-year-old girls. Four boys and one girl were transferred to the senior training classes at Kettering on reaching the age of 16 years.



In May, 23 children accompanied by the staff, spent a week at the Youth Holiday Camp at Kessingland, Suffolk. Educational visits in the summer term included excursions to London Airport and Wellingborough Zoo.

The following statistics are of interest :—

Number of children admitted to the Centre 1953-1961	...	63
Transferred to other Centres	... ..	11
In full-time employment	... ..	6
Admitted to hospitals	... ..	5
Transferred to special schools	... ..	2
		(1 since returned)
Removed from the area	... ..	2

*Northampton—St. Giles' Church Buildings, St. Giles' Street.*

(Supervisor—Mrs. M. B. Redley until September, then Miss H. M. Griffin Assistant Supervisors—Mrs. C. Harris and Mrs. I. Pearson.)

There are 39 on the register with an age range from four to 25 years. With three classes, the pattern of training is as follows :

Nursery group— free play, including the use of sand, water, paint and Wendy House, to improve speech, co-ordination and imagination.

Juniors— advanced free play and handwork as a part of projects. The “ look and say ” teaching method for reading is proving a success, and simple nature study has thoroughly roused the children's interest.

Seniors— prominence is given to project work, the traditional handicraft being left to a minimum. Geography has been introduced, for example, linking food labels and postage stamps to wall maps. Road safety has been stressed, puppets made, and the use of a simple sewing machine introduced.

Instructional visits were made to the Fire Station, Post Office, newspaper printing works and swimming baths.

The playground at St. Giles' School was kindly offered for outdoor exercise, and has been used regularly.

The Northampton Choral Society generously donated £11/10/- which was spent on equipment and the purchase of presents for distribution at the Christmas Party.

*Kettering—London Road Congregational Church Schoolrooms, Tennyson Road.*

(Supervisor—Miss F. L. Caswell. Assistant Supervisors—Miss V. M. Shrive and Mrs. J. Green.)

At the beginning of the year 35 were in attendance. There were 12 new entrants, six children and six girls over 16 years of age. One nine-year-old boy was transferred to Kingsley school for educationally subnormal pupils. A six-year-old boy entered a psychiatric hospital for treatment. It is pleasant to record that four girls over 16 years of age who trained at the Centre are now working in full-time employment. At the end of the year there were 42 children in attendance, including 15 girls over the age of 16.

The curriculum is the same as in previous years with more emphasis on 3R work. The “ look and say ” method is proving quicker and easier for the children to understand than the word building method. About half attending the Centre can now write their own names and some can write their addresses.

As there are only two teachers for the children from 5-16 years, it is impossible to have a nursery class, so the children are divided into two equal groups. With the older girls a less formal atmosphere is encouraged. They have outdoor work when it is available and this includes stripping plastic buttons, combs, hair pins, brushes; carding and boxing brushes and combs; assembling brushes, bagging and boxing them. They also sort and box jig-saw puzzles and



assemble Noddy games. Curtains for screens have been made by machine for various clinics. Although the supply of work is irregular, girls can usually earn a few shillings pocket money every week.

In September, the children and staff from the Corby and Kettering Centres spent an enjoyable day together at Wicksteed Park. The Training Centre was closed for the week following Whitsun when the majority of the children spent a week's holiday at Kessingland Youth Holiday Camp, financed by the Kettering and District Society for Mentally Handicapped Children and supervised by the staff from the Centre and several of the Society's helpers.

The work from the Kettering Training Centre was on display at the Rushden Annual Carnival. The Christmas party and display of work was held in December and a short playlet, "The Frog Prince," was performed by the children.

*Kettering Adult Training Centre—London Road Congregational Church Schoolrooms, Tennyson Road.*

(Supervisor—Mr. W. Lewis. Assistant Supervisor—Mr. D. Beale).

The year has been one of improvement and progress on the part of the trainees. They are becoming able to complete certain jobs on their own, even though they may not have done that same job for some little time. They complete jobs much quicker and the quality of the work is much higher, while the demand for work completed by the trainees is ever increasing and turnover has doubled. This has meant that pocket money could be increased twice during the year.

Three trainees were admitted to hospitals, two obtained jobs, and four transferred in from Wellingborough Junior Training Centre. The total attending the Centre was 21.

*Gardening.* This is a new subject for the Centre and has been tackled with great interest by the trainees. The County Council has allowed the Centre the use of Stockburn Nurses' Home gardens, Kettering. Each trainee has been able to take part in gardening and at times the whole Centre has had its lunch transported to the gardens to make a longer working day. During the early part of the year the Kettering Operatic Society very kindly gave the trainees a large greenhouse which the trainees helped to erect and paint. Over £40 was received from the sale of garden produce.

*Printing.* This has come into its own with the printing press being worked daily by three of the trainees. During the year one trainee obtained a job for himself with a printing firm. Large orders have been completed for the County Council and for the public, ranging from dance tickets and club cards to foolscap forms.

*Woodwork.* The Centre has been kept busy producing more and more articles in wood. For the County Health Department there have been made large cupboards, tables, screens and filing cabinets; new stepladders and repairs for a local decorator; cake trays and repairs for two local bakers; garden furniture, lamps, coffee tables, stools, cupboards, book-cases and other articles for the public. The assembly of Ice Hockey Games which sold all over the country earned approximately £45, some of which was given to the trainees as a Christmas bonus.

*Social.* In June the Centre was invited to exhibit at the Rushden Carnival. This aroused great interest from the public and many orders were placed. The annual outing was to London to see the Moscow State Circus. The Christmas lunch was again held at the George Hotel.

## DOMICILIARY OCCUPATIONAL THERAPY

### (i) STAFFING ARRANGEMENTS.

A second Occupational Therapist started work on 1st September. In Oundle and Thrapston and Kettering Rural Districts; Corby, Desborough, Rothwell, Oundle and Burton Latimer Urban Districts, and in Kettering Borough, the County Health Department's Occupational Therapists undertake all domiciliary work not only for their own Department but also for the County Welfare Department, thus effecting an economy in travelling and enabling more time to be devoted to individual patients. In the remainder of the county, the Health Department's Therapists are concerned only with patients suffering from mental disorder or tuberculosis.

The Occupational Therapists and the County Welfare Department's Craft Instructors paid 1,038 visits to approximately 90 Health Department patients. Of these visits, 895 were made by the Occupational Therapists. The average number on the register for any one quarter was 73. Eight hundred and seventy-six visits were paid to both health and welfare patients between January and August, but when the second Occupational Therapist commenced the figure rose to 732 visits for the period September to December.

With the increased staff it was possible to send the following circular to all general practitioners in the area for which the Health Department is responsible.

### " DOMICILIARY OCCUPATIONAL THERAPY.

I am writing to draw your attention to this service which is available in the districts listed overleaf, for any patients who would benefit from it. Hitherto, there has only been one therapist, but the recent appointment of a second has enabled an expansion of the service to take place. I therefore thought that you might like to know something of the scope of the service which is offered in case any of your patients might benefit from occupational therapy.

#### A. *Physically handicapped patients.*

Help can be given to those with permanent disabilities such as hemiplegia, arthritis, cardiac disorders or chest troubles, and occupational therapy will also prove particularly useful as a step in the rehabilitation of patients who are recovering from some less serious diseases. The following are examples of the types of help available.

(1) *Occupation in the home.* This enables the patient to maintain his or her interest in life and to feel a more adequate member of the community, perhaps being able to contribute a little towards the family income. The therapist would visit regularly to supply materials and to teach crafts, the patient being able to sell the articles made.

(2) *Industrial outwork.* Where this is available, factories arrange to deliver assembly work to the patient's home, collecting the finished products. A small wage can be earned by the patient.

(3) *Aids to daily living.* Where a physical handicap interferes with everyday activities, advice or appliances may be of assistance to the patient, and can be supplied by the occupational therapist.

#### B. *Mentally disordered patients.*

A considerable volume of work is already being done for both the mentally subnormal and the mentally ill living in the community. Those of the latter who, on discharge from a psychiatric hospital, require help in their rehabilitation can benefit from occupational therapy, as can those who are unable to return to normal employment.

#### C. *Social Club.*

In addition to these facilities, I should like to mention the social club for the disabled which has been started in Kettering by the British Red Cross Society. Its aim is to provide a regular social function for those who would otherwise be deprived of one. Transport is provided and



the occupational therapists can make all necessary arrangements. It is, incidentally, hoped shortly to start a similar club in Corby.

Any of your patients who would benefit from the services which have been described, should be referred to this department. The only information required is the name and address, the diagnosis (with any relevant details), and the type of service required. Your requests would then receive prompt attention from my staff."

#### (ii) MENTAL SUBNORMALITY.

With the development of facilities at Training Centres, home visiting of severely subnormal patients has decreased. Only two children under the age of 16 are given training at home because the parents were unwilling for them to attend a Training Centre.

Approximately 15 older subnormal males and females were still being visited at the end of 1961.

In addition to domiciliary visiting the Occupational Therapists were able to obtain industrial work for the older subnormal girls at Kettering and Wellingborough Centres. In addition, a close liaison has been developed with the Kettering Adult Training Centre. Certain projects undertaken by the subnormal boys have been completed by patients of normal intelligence suffering from physical handicaps. This work has included the painting of notice boards and of house signs. The boys at the Adult Training Centre have made aids for the handicapped at the request of the Occupational Therapists, including aids for getting into the bath, bed tables and raised toilet seats.

A patient aged 43, and of normal intelligence, who was suffering from a muscular disease and unable to work in industry, was introduced to the Adult Training Centre. As a result, his morale improved and he became intensely interested in printing. He learnt the processes involved and now has his own machine at home, where he is taking orders on his own account, whilst still keeping in close touch with the Centre. This flexible use of the Adult Training Centre is to be commended and, when better facilities are available in the new premises which are to be built at Kettering, the question of using them for the benefit of the physically handicapped as well as for the mentally subnormal must be considered.

#### (iii) MENTAL ILLNESS.

The number of these patients visited by the Occupational Therapists is increasing rapidly. Thus 13 were on the register in December 1959, and this number rose to 51 in December 1961. The majority of these were receiving after-care on discharge from hospital. The following are examples of the type of help given by the Occupational Therapists.

(a) A woman aged 65 years had suffered for some years from involutional depression, for which she had received numerous spells of hospital treatment. Owing to the fact that she lived alone, there was little encouragement for her to resume normal life on her return home. On her most recent discharge, she was taken home and visited regularly by the Occupational Therapist. Neighbours in the same block of flats were asked to co-operate in persuading her to partake in activities, and after many years of spurning company she now attends two social club meetings weekly and is looking forward to the summer outing. This is helping her to make a more satisfactory adjustment to life and will thus contribute to her ability to remain in the community.

(b) A man aged 38 suffers from chronic schizophrenia. After approximately ten years hospitalisation, the patient returned home to live with his elderly mother. An attempt was made to settle him in full-time employment, but he proved unequal to this. As a compromise, the Occupational Therapist managed to obtain simple shoe work from a local factory which the patient was able to do at home. He benefited both by the exercise in travelling to and from the factory and also by increased self-respect when he was able to contribute a little earned income towards the household expenses.



(iv) OTHER PATIENTS.

In this group are included several school-age children of normal intelligence who, by reason of their handicap, are unable to attend school. They are often visited in conjunction with the home teachers supplied by the County Education Department.

An example of this is a boy of 12 years who on account of congenital heart disease is unable to attend an ordinary school. As he has a home teacher, the help needed is to provide interesting pursuits for his spare time and to give him some vocational guidance. He has been doing leatherwork, learning each process necessary for the completed article, as well as pursuing his own hobbies of photography and puppetry. Owing to his great interest in mechanical engineering, he was put in touch with the Chest and Heart Association, who suggested a leaflet—"Engineering Work for Girls"—dealing with the lighter aspects of the profession. Through this Association he is also able to contact other people with similar disabilities, and to receive a helpful newsletter.

(v) ST. GILES' CLUB.

This club for the disabled people of Kettering and district which was started in March 1961 is run by the British Red Cross Society with the help of the Occupational Therapists. It is in the form of a social club with handicrafts available for those who wish to take part.

Those members who cannot get there on their own are picked up by coach, and some severely disabled patients are brought by car.

The club had two outings for its members—one to Skegness and one to Stratford-on-Avon. These were much appreciated, as the majority of members are unable to get out of their homes without assistance.

At Christmas the club held a party for 130 members and friends, when they were entertained with songs and films as well as enjoying a Christmas tea and games.

Gradually it has been possible to introduce patients on after-care from St. Crispin Hospital and this is proving successful. At the end of the year the total number of members stood at approximately 70, having doubled since the club's inauguration.

It is hoped to start similar ventures in other parts of the northern area of the county.

CAUSES OF DEATH			Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Daventry M.B.		Desboro' U.D.		Higham Ferris M.B.		Irthling-borough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D.s.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	27	12	30	28	107	86	40	46	22	26	17	13	36	25	258	220	25	27	23	35	37	29	107	74	213	196	942	817		
1 Tuberculosis, respiratory	..	..	..	..	1	..	1	1	1	..	..	..	..	..	5	..	..	..	..	..	1	..	2	..	1	1	12	2		
2 Tuberculosis, other	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
3 Syphilitic disease	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	
4 Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
5 Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
6 Meningococcal infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
7 Acute Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
8 Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
9 Other infective and parasitic diseases	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	
10 Malignant neoplasm, stomach	..	..	..	..	3	2	..	3	..	..	1	..	3	1	10	3	..	1	1	1	1	1	5	4	4	4	31	21	5	
11 Malignant neoplasm, lung, bronchus	1	1	4	..	11	1	3	..	2	..	2	..	4	..	17	1	..	1	1	1	1	1	5	1	13	2	68	8		
12 Malignant neoplasm, breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	..	..	..	..	..	..	..	..	..	..	..	..	..	
13 Malignant neoplasm, uterus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	
14 Other malignant & lymphatic neoplasms	1	..	1	1	..	1	..	1	1	6	3	..	1	..	32	19	..	1	1	5	2	4	6	10	17	17	78	75		
15 Leukaemia, aleukaemia	..	..	..	7	5	4	3	2	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
16 Diabetes	..	..	..	..	1	..	1	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
17 Vascular lesions of nervous system	3	1	3	5	4	12	4	6	1	1	4	1	2	8	19	4	..	1	1	..	..	..	..	..	..	..	..	..	5	
18 Coronary disease, angina	6	2	5	2	21	6	6	6	6	2	2	6	4	1	53	34	2	2	5	9	8	3	14	3	23	28	80	112	10	
19 Hypertension with heart disease	1	..	1	2	..	3	..	1	1	4	..	..	1	3	6	7	..	3	4	1	1	3	3	5	7	20	30	112	7	
20 Other heart disease	6	2	6	3	9	13	4	12	1	2	4	2	9	6	37	36	2	7	1	2	2	4	9	15	33	35	125	138	30	
21 Other circulatory disease	..	..	..	..	3	1	4	1	..	1	1	..	2	1	9	14	..	4	1	..	..	2	3	4	6	8	11	34	40	
22 Influenza	..	..	..	..	3	1	3	1	1	..	1	..	..	..	3	1	..	5	4	1	2	..	..	..	..	..	..	17	11	
23 Pneumonia	2	1	1	..	5	3	3	1	1	..	..	2	1	1	25	3	..	2	2	..	..	2	7	3	6	1	..	41	26	
24 Bronchitis	..	..	..	1	7	2	1	1	1	1	..	..	1	1	2	1	..	1	1	..	..	1	1	1	1	..	..	17	11	
25 Other diseases of respiratory system	..	..	..	..	3	2	..	..	..	..	..	..	..	..	..	5	..	2	..	..	..	..	..	..	..	..	..	6	41	
26 Ulcer of stomach and duodenum	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	3	..	1	2	..	..	..	..	..	..	..	..	72	20	
27 Gastritis, enteritis and diarrhoea	..	..	..	..	1	1	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	1	1	3	19	8	14	4	
28 Nephritis and nephrosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	2	12	
29 Hyperplasia of prostate	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2	6	
30 Pregnancy, childbirth, abortion	..	..	..	..	1	1	2	..	1	..	1	..	..	..	3	1	..	..	..	..	..	..	..	..	..	..	..	2	6	
31 Congenital malformations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	..
32 Other defined and ill-defined diseases	6	1	2	1	8	13	3	5	1	1	..	1	3	..	11	19	3	1	1	5	2	3	5	8	13	15	58	73	17	
33 Motor vehicle accidents	..	..	1	1	4	1	2	1	1	..	..	..	3	1	3	1	..	..	..	1	2	1	1	3	1	17	5	7	3	
34 All other accidents	..	..	1	..	5	1	2	1	1	..	..	..	2	1	6	13	..	..	..	1	1	1	1	2	5	7	24	27	27	
35 Suicide	1	..	..	..	6	3	..	..	..	1	1	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	13	10	
36 Homicide and operations of war	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Live Births { Total Legitimate Illegitimate	35 35 ..	26 26 ..	36 32 4	522 493 29	66 58 3	30 28 2	61 58 3	1 1 ..	25 24 1	31 31 1	27 25 2	35 32 3	31 31 25	8 6 2	336 311 25	283 266 17	29 24 5	20 19 1	37 36 1	32 30 2	40 39 1	150 142 8	250 274 17	250 274 17	1577 1522 1486	1577 1522 1486	1577 1522 1486	1577 1522 1486	1577 1522 1486	1577 1522 1486
Still Births { Total Legitimate Illegitimate	.. .. ..	.. .. ..	3 3 ..	7 7 ..	2 2 ..	1 1 ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
Deaths of Infants under 1 year of age { Total Legitimate Illegitimate	3 3 ..	.. .. ..	2 2 ..	12 12 19	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
Deaths of Infants under 4 weeks of age { Total Legitimate Illegitimate	3 3 ..	.. .. ..	2 2 ..	9 14 14	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
Deaths of Infants under 1 week of age { Total Legitimate Illegitimate	3 3 ..	.. .. ..	2 2 ..	9 14 14	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
Estimated mid-year Home Population	3,380	4,400	36,890	5,820	4,600	3,770	5,170	38,570	3,300	4,570	4,800	17,360	30,670	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300	163,300
Comparability Factors	0.96	1.01	0.81	0.94	1.05	1.04	1.08	1.07	1.45	1.16	1.13	1.12	1.05	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	1.03	1.04	2.56	0.72	0.94	1.00	1.05	0.92	0.50	0.83	0.92	0.96	0.85	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00



## CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS.

TABLE I. (b)

CAUSES OF DEATH.	Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Welling- borough R.D.		Aggregate of R.Ds.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES .....	76	54	84	145	109	77	83	57	153	187	107	101	98	83	82	55	792	759
1 Tuberculosis, respiratory .....	...	...	...	1	...	1	1	1	...	1	1	...	1	...	1	...	4	4
2 Tuberculosis, other .....	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
3 Syphilitic disease.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Whooping Cough.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Meningococcal infections .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Acute Poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Measles .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Other infective and parasitic diseases	...	1	...	1	...	1	1	...	...	...	...	...	...	...	1	1	2	4
10 Malignant neoplasm, stomach .....	1	1	...	5	3	2	5	2	5	4	2	3	6	4	2	...	24	21
11 Malignant neoplasm, lung, bronchus	6	...	2	...	6	...	3	...	5	...	2	...	8	2	4	...	36	2
12 Malignant neoplasm, breast .....	...	4	...	4	...	4	...	3	...	10	...	3	...	4	...	2	...	34
13 Malignant neoplasm, uterus .....	...	1	...	...	...	1	...	1	...	2	...	4	...	2	...	...	...	11
14 Other malignant & lymphatic neoplasms	7	8	6	8	5	5	3	8	15	9	14	6	10	9	6	7	66	60
15 Leukaemia, aleukaemia .....	1	...	1	1	...	...	...	...	...	2	...	1	...	...	...	...	2	4
16 Diabetes .....	...	1	...	3	...	...	...	...	1	3	...	2	...	1	...	1	2	11
17 Vascular lesions of nervous system	11	12	10	28	12	18	13	10	13	20	13	17	11	14	10	11	93	130
18 Coronary disease, angina .....	18	11	17	21	27	6	22	2	31	23	20	10	18	8	16	6	169	87
19 Hypertension with heart disease...	1	1	1	1	4	3	1	3	5	4	4	1	...	1	2	...	18	14
20 Other heart disease .....	7	5	12	37	13	17	12	9	15	18	14	13	12	15	7	13	92	127
21 Other circulatory disease .....	1	...	5	10	3	1	3	3	10	11	3	8	8	1	6	1	39	35
22 Influenza .....	3	...	2	...	5	3	1	3	1	4	2	5	...	1	...	1	15	15
23 Pneumonia .....	4	1	...	3	2	3	2	...	11	31	7	3	3	1	4	3	33	45
24 Bronchitis.....	1	3	6	1	4	2	2	2	10	3	4	3	4	3	9	3	40	20
25 Other diseases of respiratory system	1	...	1	...	3	1	...	1	...	2	...	1	1	1	...	...	7	5
26 Ulcer of stomach and duodenum...	3	...	...	...	4	...	1	...	3	1	1	1	...	2	...	1	12	5
27 Gastritis, enteritis and diarrhoea...	...	...	1	4	2	...	...	2	1	2	1	1	...	...	...	...	5	9
28 Nephritis and nephrosis .....	1	...	1	...	3	...	...	...	...	1	...	...	...	...	...	...	5	1
29 Hyperplasia of prostate .....	...	...	2	...	1	...	1	...	3	...	3	...	1	...	3	...	14	...
30 Pregnancy, childbirth, abortion ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
31 Congenital malformations .....	...	1	1	2	...	1	...	1	1	1	1	3	1	2	...	...	4	11
32 Other defined and ill-defined diseases	1	2	11	11	2	4	3	6	14	28	4	11	9	10	6	6	50	78
33 Motor vehicle accidents .....	5	2	2	...	5	...	5	1	2	2	8	...	2	...	2	...	31	5
34 All other accidents .....	4	...	2	3	3	2	1	...	5	4	3	5	2	2	2	...	22	16
35 Suicide .....	...	...	...	1	2	1	3	...	1	1	...	...	1	...	...	...	7	3
36 Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Live Births { Total ...	98	84	137	137	120	129	97	71	262	293	168	169	131	125	108	109	1121	1117
{ Legitimate ...	90	80	132	129	115	121	95	69	258	285	161	162	126	118	105	100	1082	1064
{ Illegitimate ...	8	4	5	8	5	8	2	2	4	8	7	7	5	7	3	9	39	53
Still Births { Total ...	2	1	3	3	1	...	...	3	5	3	1	3	1	2	5	...	18	15
{ Legitimate ...	2	1	1	3	1	...	...	2	5	2	1	3	1	2	5	...	16	13
{ Illegitimate ...	...	...	2	...	...	...	...	1	...	1	...	...	...	...	...	...	2	2
Deaths of Infants { Total ...	2	1	4	...	...	2	1	1	1	5	1	3	2	2	2	2	13	16
under 1 year { Legitimate ...	2	1	4	...	...	2	1	1	...	5	1	2	2	2	2	2	12	15
of age { Illegitimate ...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1
Deaths of Infants { Total ...	1	...	2	...	...	1	1	1	1	3	...	2	1	2	2	1	8	10
under 4 weeks { Legitimate ...	1	...	2	...	...	1	1	1	...	3	...	1	1	2	2	1	7	9
of age { Illegitimate ...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1
Deaths of Infants { Total ...	1	...	2	...	...	1	1	1	...	3	...	2	1	2	2	1	7	10
under 1 week { Legitimate ...	1	...	2	...	...	1	1	1	...	3	...	1	1	2	2	1	7	9
of age { Illegitimate ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Estimated mid-year Home Population	11,270		18,480		15,830		11,620		27,420		18,900		15,370		13,660		132,550	
Comparability Factors Births ...	1.04		1.04		1.08		1.11		0.99		1.08		1.08		1.08		1.05	
Deaths ...	0.94		0.77		0.93		1.02		0.86		0.99		0.91		0.89		0.92	



TABLE II.  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—		
1 Tuberculosis, respiratory .....	M. F.	12 2	...	...	...	...	1 1	3 1	5 ...	3 ...	4 4	...	...	...	2 ...	...	2 1	...	75— 2		
2 Tuberculosis, other .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
3 Syphilitic disease.....	M. F.	3 ...	...	...	...	...	1 ...	...	1 ...	1 ...	...	...	...	...	...	...	...	...	...		
4 Diphtheria .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
5 Whooping Cough.....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
6 Meningococcal infections .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
7 Acute Poliomyelitis .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
8 Measles .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
9 Other infective and parasitic diseases .....	M. F.	3 5	...	1 ...	...	1 1	...	...	...	...	2 4	...	...	...	...	2 1	...	...	...		
10 Malignant neoplasm, stomach ...	M. F.	31 21	...	...	...	...	1 1	14 5	10 4	6 11	24 21	...	...	...	3 ...	10 2	5 7	...	6 12		
11 Malignant neoplasm, lung, bron- chus .....	M. F.	68 8	...	...	...	...	2 ...	35 4	23 ...	8 4	36 2	...	...	...	1 ...	20 1	13 ...	...	1 1		
12 Malignant neoplasm, breast .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
13 Malignant neoplasm, uterus .....	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
14 Other malignant and lymphatic neoplasms .....	M. F.	78 75	...	...	...	...	3 5	25 28	26 20	24 22	66 60	...	...	...	7 2	15 16	16 18	...	28 24		
15 Leukaemia, aleukaemia .....	M. F.	2 1	1 ...	...	...	...	...	...	...	...	2 4	...	...	...	1 2	1 1	...	...	...		
16 Diabetes .....	M. F.	5 10	...	1 ...	...	...	...	...	1 3	2 6	2 11	...	...	...	1 ...	1 1	...	...	...		
17 Vascular lesions of nervous system.....	M. F.	80 112	...	...	...	...	1 2	16 15	19 27	44 68	93 130	...	...	...	1 1	18 13	26 23	...	48 93		
18 Coronary disease, angina .....	M. F.	186 112	...	...	...	...	9 ...	67 11	39 32	71 69	169 87	...	...	...	5 2	55 11	59 30	...	50 44		
19 Hypertension, with heart disease	M. F.	20 30	...	...	...	...	...	1 5	7 10	12 15	18 14	...	...	...	...	6 1	6 5	...	6 8		

TABLE II. (continued).  
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All ages	0—	1—	5—	15—	25—	45—	65—	75—		
20 Other heart disease .....	M. F.	125 138	...	...	1	...	1	19	22	82 97	92 127	...	...	...	3	7	11	71 100			
21 Other circulatory disease .....	M. F.	34 40	...	...	...	...	1	5	5	23 27	39 35	...	...	...	...	5	9	25 25			
22 Influenza .....	M. F.	17 11	...	...	...	...	...	6	3	8 4	15 15	...	...	...	...	4	3	8 13			
23 Pneumonia .....	M. F.	41 26	7 3	...	...	...	1	3	4	26 18	33 45	3 3	...	...	1	3	10	16 27			
24 Bronchitis.....	M. F.	72 20	...	...	...	...	...	26	27	19 13	40 20	...	...	...	1	9	15	15 16			
25 Other diseases of respiratory system.....	M. F.	14 4	...	1	...	...	1	3	4	5 1	7 5	...	1	...	1	1	2	2 2			
26 Ulcer of stomach and duodenum	M. F.	12 4	...	...	...	...	...	6	3	3 3	12 5	...	...	...	...	4	4	4 3			
27 Gastritis, enteritis and diarrhoea	M. F.	2 6	...	...	...	...	...	2	...	...	5 9	...	...	...	...	...	2	3 5			
28 Nephritis and nephrosis .....	M. F.	6 6	...	...	...	...	1	2	...	3 2	5 1	...	...	...	...	2	2	1 1			
29 Hyperplasia of prostate .....	M. F.	13 ...	...	...	...	...	...	2	1	10	14 ...	...	...	...	...	...	2	12 ...			
30 Pregnancy, childbirth, abortion	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
31 Congenital Malformations	M. F.	6 17	4 11	...	...	...	1	1	...	...	4 11	1 5	...	...	1	1	...	...			
32 Other defined and ill-defined diseases .....	M. F.	58 73	19 18	...	...	1	4	8	11	15 26	50 78	9 7	1 ...	1 1	7	12	8	11 34			
33 Motor vehicle accidents.....	M. F.	17 5	...	1	3	...	6	4	1	1 1	31 5	...	...	2	16	4	...	1 ...			
34 All other accidents .....	M. F.	24 27	...	2	3	...	3	5	2	7	22 16	...	2	...	2	6	1	10 11			
35 Suicide .....	M. F.	13 10	...	...	1	...	5	2	5	...	7 3	...	...	...	...	5	2	...			
36 Homicide and operations of war	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
ALL CAUSES .....	M. F.	942 817	31 34	7 4	4 3	10 5	43 29	255 150	219 170	373 422	792 759	13 16	4 3	5 4	18 1	45 17	191 114	198 171	318 433		

TABLE II(a)

CAUSES OF DEATHS OF CHILDREN UNDER ONE YEAR

Cause of Death	Age in Weeks					Total
	—1	—2	—3	—4	4-52	
Prematurity .....	35	3	1	—	2	41
Congenital Malformations .....	16	—	—	1	11	28
Respiratory Diseases .....	—	1	1	—	9	11
Asphyxia and Atelectasis .....	5	—	—	—	1	6
Infections (other than lung and gut)	—	—	—	—	1	1
Enteritis and Diarrhoea .....	—	—	—	—	—	—
Accidents .....	—	—	—	—	—	—
Birth Injury .....	2	—	—	—	—	2
Haemolytic Disease .....	1	—	—	—	—	1
Other Causes .....	1	1	—	—	3	5
TOTALS .....	60	5	2	1	27	95

These figures have been prepared from an analysis of death returns received from the local Registrars, and differ slightly from those quoted by the Registrar General. According to the latter there were 60 children who died in the first week of life, 7 who died in the period eight days to four weeks, and 27 in the period 29 days to one year. It must be emphasised that this table is based only on the information contained in death certificates and that practitioners vary in the way in which they complete these. For example, the death of a premature baby who died from asphyxia or from cerebral haemorrhage might be ascribed to either of the latter without the fact that it was premature being noted. If, however, prematurity was mentioned on the certificate, the death would be classified under this heading.

TABLE II(b)

STILLBIRTHS, NEONATAL DEATHS, PERINATAL DEATHS AND POSTNEONATAL DEATHS

Year	Stillbirths		Neonatal Deaths (up to 28 days)		Perinatal Deaths (Stillbirths & Early Neonatal Deaths)		Postneonatal Deaths (29 days to one year)		Infant Deaths (Neonatal and Postneonatal Deaths)	
	No.	Rate (per 1,000 live & stillbirths)	No.	Rate (per 1,000 live births)	No.	Rate (per 1,000 live & stillbirths)	No.	Rate (per 1,000 live births)	No.	Rate (per 1,000 live births)
1950	83	20.35	78	19.52	161	39.48	40	10.01	118	29.53
1951	99	24.17	61	15.26	160	39.06	40	10.00	101	25.26
1952	84	20.54	78	19.47	162	39.60	22	5.49	100	24.96
1953	92	21.18	75	17.64	167	38.46	30	7.06	105	24.70
1954	98	22.29	70	16.28	168	38.02	31	7.21	101	23.50
1955	103	24.03	52	12.43	155	36.16	35	8.36	87	20.79
1956	85	18.25	66	14.43	151	32.43	24	5.25	90	19.68
1957	91	18.80	75	15.79	166	34.30	32	6.73	107	22.53
1958	109	22.16	63	13.10	172	34.97	32	6.65	95	19.75
1959	94	19.20	64	13.33	151	30.85	33	6.87	97	20.20
1960	86	16.32	79	15.24	154	29.22	38	7.33	117	22.57
1961	88	16.22	67	12.55	148	27.28	27	5.05	94	17.61



CASES OF INFECTIOUS DISEASES  
(Final numbers after correction.)

TABLE III.

DISEASES	URBAN DISTRICTS													RURAL DISTRICTS									Totals for Administrative County	
														Totals for Combined Rural Districts										
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester	Wellingborough			
Scarlet Fever ...	—	1	—	6	2	10	—	5	1	3	21	12	47	108	4	5	13	5	13	3	2	34	79	187
Whooping Cough...	—	—	1	14	1	33	1	—	2	3	—	3	17	75	3	—	1	1	46	8	—	10	74	149
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	48	12	125	14	1491	—	101	74	8	7	17	333	2230	234	432	160	898	386	244	290	3074	5304	
Diphtheria ...	—	12	—	—	—	—	—	—	—	—	3	—	—	15	—	1	1	10	—	3	1	17	32	
Dysentery (Bacillary)	—	—	—	—	—	—	—	—	1	—	—	—	—	5	—	—	—	—	—	—	—	—	5	
Meningococcal Infection	—	—	—	4	—	—	—	—	—	—	—	2	—	95	3	11	5	17	13	14	—	66	161	
Pneumonia ...	1	—	1	33	8	19	—	1	5	—	—	—	25	—	—	—	—	—	—	—	—	—	—	
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Infective ...	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Post Infectious	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	19	
Erysipelas...	—	—	1	1	—	1	—	—	—	1	—	2	2	8	—	1	2	3	—	1	3	11	12	
Food Poisoning	—	1	—	2	—	—	—	—	—	—	—	—	1	4	—	3	—	4	—	1	—	8	14	
Puerperal Pyrexia	—	—	—	8	—	1	—	—	—	—	—	—	4	13	—	—	—	—	—	1	—	2	2	
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	
Tuberculosis of the Res-	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
piratory System ...	1	1	1	11	—	14	2	1	—	1	1	4	6	43	2	6	3	9	7	4	4	35	78	
Other forms of Tuberculosis	—	1	—	3	1	5	—	—	—	—	—	1	3	14	1	—	—	1	1	—	1	4	18	
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals ...	2	64	16	208	26	1576	3	108	84	16	32	43	438	2616	247	459	458	174	1002	418	269	344	3371	5987

SEX AND AGE DISTRIBUTION OF NOTIFIABLE DISEASES.

TABLE IV.

Numbers of Cases of Infectious Diseases originally notified during 1961, and of the Final numbers according to Sex and Age after correction subsequently made either by the Notifying Practitioner or the Medical Superintendent of the Infectious Diseases Hospital

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis				Measles (excluding Rubella)		Diphtheria		Dysentery		Meningo-coccal Infection	
					Para.		Non-Para.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No. originally notified																
Total (all ages) ...	87	100	74	75	1	—	—	—	2743	2561	—	—	18	22	3	2
Final numbers after correction																
Under 1 year ...	—	—	6	6	—	—	—	—	75	57	—	—	1	—	3	—
Age 1 year ...	—	3	7	11	—	—	—	—	241	201	—	—	—	2	—	—
Age 2 years ...	3	6	8	8	—	—	—	—	355	327	—	—	1	2	—	—
Age 3 years ...	10	5	8	8	—	—	—	—	337	327	—	—	—	—	—	—
Age 4 years ...	12	8	5	7	—	—	—	—	363	349	—	—	—	1	—	1
5-9 years ...	53	64	32	30	1	—	—	—	1209	1123	—	—	1	5	—	1
10-14 years ...	6	9	7	5	—	—	—	—	127	132	—	—	4	1	—	—
15-24 years ...	2	4	1	—	—	—	—	—	20	17	—	—	5	2	—	—
25 and over ...	1	1	—	—	—	—	—	—	9	13	—	—	3	4	—	—
Age unknown ...	—	1	—	—	—	—	—	—	7	15	—	—	—	—	—	—
Total (all ages) ...	87	101	74	75	1	—	—	—	2743	2561	—	—	15	17	3	2
	Acute Pneumonia		Smallpox		Acute Encephalitis				Enteric or Typhoid Fever		Paratyphoid Fever		Erysipelas		Food Poisoning	
					Infec.		Post-Inf.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
No. originally notified																
Total (all ages)	85	76	—	—	—	1	1	—	1	—	—	2	8	11	6	7
Final numbers after correction																
Under 5 years ...	4	12	—	—	—	—	1	—	—	—	—	—	—	—	1	—
5-14 years ...	7	8	—	—	—	—	—	—	—	—	—	1	—	—	2	2
15-44 years ...	18	22	—	—	—	1	—	—	1	—	—	1	2	2	1	1
45-64 years ...	28	19	—	—	—	—	—	—	—	—	—	—	4	7	1	1
65 and over ...	26	15	—	—	—	—	—	—	—	—	—	—	2	2	—	2
Age unknown ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total (all ages) ...	85	76	—	—	—	1	1	—	1	—	—	2	8	11	5	7

Other notifiable diseases			
Original		Final	
M.	F.	M.	F.
Puerperal Pyrexia			
—	14	—	14
Ophthalmia Neonatorum			
—	—	—	—

**NORTHAMPTONSHIRE.**  
**TUBERCULOSIS DEATHS AND MORTALITY RATES, 1900-1961.**

Year	Estimated Populations.	Tuberculosis of Respira- tory System.	Death Rate per 1000 of Population.	Other forms of Tuberculosis.	Death Rate per 1000 of Population.	All forms of Tuberculosis.	Death Rate per 1000 of Population.
1900	220,678	205	.93	46	.20	251	1.13
1901	207,719	162	.78	47	.22	209	1.00
1902	209,984	199	.94	63	.30	262	1.24
1903	212,610	182	.85	66	.31	248	1.16
1904	213,874	204	.95	82	.38	286	1.33
1905	214,909	165	.77	85	.39	250	1.16
1906	216,319	186	.86	63	.29	249	1.15
1907	216,935	196	.90	61	.28	257	1.18
1908	217,765	207	.95	68	.31	275	1.26
1909	219,149	185	.84	77	.35	262	1.19
1910	220,897	190	.86	66	.29	256	1.15
1911	213,796	204	.95	77	.36	281	1.31
1912	215,091	197	.92	57	.26	254	1.18
1913	215,579	192	.89	58	.26	250	1.15
1914	216,569	178	.82	50	.23	228	1.05
1915	211,286	202	.95	59	.28	261	1.23
1916	202,552	242	1.19	60	.30	302	1.49
1917	190,215	229	1.20	55	.29	284	1.49
1918	192,564	230	1.19	59	.31	289	1.50
1919	207,508	183	.88	52	.25	235	1.13
1920	215,777	160	.74	44	.20	204	0.94
1921	212,270	172	.81	46	.21	218	1.02
1922	213,340	162	.76	27	.12	189	0.88
1923	214,331	159	.74	38	.17	197	0.91
1924	215,200	169	.78	27	.13	196	0.91
1925	215,300	174	.80	35	.17	209	0.97
1926	214,200	136	.63	28	.13	164	0.76
1927	215,000	162	.75	30	.14	192	0.89
1928	215,100	140	.65	32	.14	172	0.79
1929	216,500	159	.73	20	.09	179	0.82
1930	217,550	150	.69	31	.14	181	0.83
1931	218,300	130	.60	25	.11	155	0.71
1932	213,900	115	.53	24	.11	139	0.64
1933	214,300	116	.54	20	.09	136	0.63
1934	214,550	114	.53	34	.15	148	0.68
1935	216,200	119	.55	27	.12	146	0.67
1936	217,600	99	.45	18	.08	117	0.53
1937	220,400	94	.42	28	.13	122	0.55
1938	221,400	104	.47	24	.10	128	0.57
1939	228,300	96	.42	16	.07	112	0.49
1940	241,200	113	.47	28	.11	141	0.58
1941	259,820	106	.41	24	.09	130	0.50
1942	243,800	92	.38	28	.11	120	0.49
1943	235,000	101	.43	17	.07	118	0.50
1944	233,340	112	.48	33	.14	145	0.62
1945	228,640	111	.48	22	.10	133	0.58
1946	236,340	87	.37	20	.08	107	0.45
1947	240,210	69	.29	18	.07	87	0.36
1948	247,820	87	.35	18	.07	105	0.42
1949	250,500	101	.40	8	.03	109	0.43
1950	254,210	65	.26	10	.04	75	0.30
1951	256,700	57	.22	9	.04	66	0.26
1952	258,500	55	.21	9	.03	64	0.25
1953	262,900	42	.16	5	.02	47	0.18
1954	265,200	25	.09	7	.03	32	0.12
1955	270,000	19	.07	5	.02	24	0.09
1956	274,200	20	.07	6	.02	26	0.09
1957	278,800	15	.05	2	.01	17	0.06
1958	283,600	21	.07	3	.01	24	0.08
1959	288,300	21	.07	—	—	21	0.07
1960	292,690	13	.04	3	.01	16	0.05
1961	295,850	22	.07	2	.01	24	0.08



## VITAL STATISTICS FOR 1961 AND PREVIOUS YEARS.

Year	Estimated Population mid-year	LIVE BIRTHS		DEATHS			
				Under 1 year		All Ages	
		No.	Rate per 1000 population	No.	Rate per 1000 live births	No.	Rate per 1000 population
1897	228,955	6761	29.50	906	134.00	3559	15.53
1898	234,902	6647	28.29	888	133.59	3374	14.30
1899	240,484	6632	27.59	870	131.10	3399	14.10
1900	§220,678	5621	25.47	617	109.76	3078	13.90
1901	207,719	5641	27.15	579	102.60	2758	13.27
1902	209,984	5453	25.96	535	98.11	2785	13.26
1903	212,610	5430	25.53	560	103.13	2838	13.34
1904	213,874	5265	24.61	614	116.61	2964	13.85
1905	215,909	5168	23.93	585	113.19	2812	13.02
1906	216,319	4997	23.10	514	102.86	2638	12.19
1907	216,935	4643	21.40	410	80.30	2656	12.24
1908	217,765	4755	21.83	454	95.47	2749	12.62
1909	219,149	4597	20.97	384	83.53	2790	12.73
1910	220,897	4430	20.05	356	80.36	2493	11.28
1911	213,796	4378	20.47	421	96.16	2692	12.59
1912	215,091	4281	19.90	342	79.88	2601	12.00
1913	215,579	4296	19.92	368	85.66	2525	11.71
1914	216,569	4146	19.14	305	73.56	2594	11.97
1915	211,286	4016	18.54	382	95.11	3012	14.25
1916	202,552	3822	17.34	254	66.00	2702	13.33
1917	190,215	3197	15.07	259	81.00	2665	14.01
1918	192,564	3096	14.34	210	67.00	2938	15.25
1919	†207,508	3140	14.52	254	80.00	2873	13.84
	*216,162						
1920	†215,777	4913	22.74	293	59.00	2393	11.09
	*215,968						
1921	212,769	4166	19.57	300	72.00	2514	11.84
1922	†213,340	3875	18.12	227	58.00	2507	11.75
	*213,840						
1923	†214,331	3686	17.15	225	61.00	2475	11.54
	*214,820						
1924	215,200	3494	16.23	185	52.00	2494	11.58
1925	215,300	3480	16.16	197	56.60	2525	11.72
1926	214,200	3393	15.84	177	52.16	2436	11.37
1927	215,000	3108	14.45	159	51.00	2539	11.80
1928	215,170	3175	14.75	154	48.00	2507	11.65
1929	216,500	3104	14.33	171	55.09	2649	12.23
1930	217,500	2991	13.74	126	42.12	2490	11.44
1931	218,300	2924	13.39	135	46.10	2472	11.32
1932	§213,900	2743	12.76	125	45.50	2463	11.45
1933	214,300	2665	12.43	112	42.02	2542	11.85
1934	214,550	2688	12.52	154	57.29	2706	12.61
1935	216,200	2881	13.32	146	50.67	2707	12.52
1936	217,600	3047	14.00	146	47.91	2660	12.22
1937	220,400	3104	14.08	136	43.81	2689	12.20
1938	221,400	3184	14.38	131	41.14	2552	11.52
1939	†228,300	3336	15.02	137	40.41	2758	12.08
	*222,100						
1940	241,200	3363	13.94	170	48.39	3153	13.07
1941	259,820	3511	13.51	182	48.08	3103	11.94
1942	243,800	4062	16.66	140	34.46	2687	11.02
1943	235,000	4210	17.91	170	40.38	2890	12.29
1944	233,340	4684	20.07	178	38.00	2952	12.65
1945	228,640	4340	18.98	170	39.17	2822	12.34
1946	236,340	4531	19.17	167	36.86	2835	12.00
1947	240,210	4905	20.42	172	35.07	2986	12.43
1948	247,820	4326	17.46	137	31.67	2727	11.00
1949	250,500	4056	16.19	137	33.78	3023	12.07
1950	254,210	3995	15.71	118	29.53	3054	12.01
1951	256,700	3997	15.57	101	25.26	3112	12.13
1952	258,500	4006	15.50	100	24.96	2853	11.04
1953	262,900	4250	16.16	105	24.70	3027	11.51
1954	265,200	4298	16.20	101	23.50	2929	11.04
1955	270,000	4183	15.49	87	20.79	3074	11.38
1956	274,200	4571	16.67	90	19.68	3083	11.24
1957	278,800	4748	17.03	107	22.53	3059	10.97
1958	283,600	4809	16.95	95	19.75	3170	11.17
1959	288,300	4800	16.60	97	20.20	3106	10.77
1960	292,690	5183	17.70	117	22.57	3185	10.88
1961	295,850	5337	18.04	94	17.61	3310	11.18

§ Extension of Borough of Northampton.

† Population for calculation of Death Rate.

\* Population for calculation of Birth Rate.







